

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000115100

1. Entity Name
SOLIS DRYWALL CORP.



Principal Place of Business

1613 1ST ST SW
RUSKIN, FL 33570

Mailing Address

1613 1ST ST SW
RUSKIN, FL 33570



06152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0649032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLIS, ANGELICA
1613 1ST ST SW
RUSKIN, FL 33570

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

000000567410
06/20/06-80001-006 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLIS, FABIAN 1613 1ST ST SW RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLIS, ANGELICA 1613 1ST ST SW RUSKIN, FL 33570
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/06 1813 205-4878
Date Daytime Phone #