


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90482 044 \*\*\*158.75

<b>DOCUMENT #</b> P02000118438			
1. Entity Name <b>MAGIC MEX DRYWALL, INC.</b>			
Principal Place of Business <b>1703 W OAKRIDGE RD. ORLANDO FL 32809</b>		Mailing Address <b>1703 W OAKRIDGE RD. ORLANDO FL 32809</b>	
2. Principal Place of Business <b>5137 S. JOHN YOUNG P.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME.</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO FL.</b>		City & State	
Zip <b>32839.-</b> Country		Zip Country	
4. FEL Number <b>61-1436972</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
8. Name and Address of Current Registered Agent <b>RAMON, HERNANDEZ 1703 W OAKRIDGE RD. ORLANDO FL 32809</b>		7. Name and Address of New Registered Agent Name <b>Ramon Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>5137 S John Young Parkway</b> City <b>Orlando</b> FL Zip Code <b>32839</b>	
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. SIGNATURE <b>Ramon Hernandez</b> DATE <b>5/15/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RAMON, HERNANDEZ 1703 W OAKRIDGE ORLANDO FL 32809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>RAMON HERNANDEZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/24/03</b> Daytime Phone <b>(407) 8125884</b>	

00044400



\* NEW ADDRESS \*

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)