

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000127455**

1. Entity Name  
**DIAMOND DRYWALL SYSTEMS, INC.**



Principal Place of Business

**10270 S.W. 60 ST.  
MIAMI, FL 33173**

Mailing Address

**10270 S.W. 60 ST.  
MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1161222**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, BELYNDA  
10270 S.W. 60 STREET  
MIAMI, FL 33173**

**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.

SIGNATURE

*Roberto Lopez*

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

(NOTE: Registered Agent signature required when reinstating)

*1/4/07*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, BELYNDA 10270 S W 60 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, DIANA 10270 S W 60 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ROBERTO 10270 S W 60 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELTZ, CHRISTOPHER 4235 SW 103 AVE. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000578015  
01/03/07-80012-018 150.00

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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 fee empowered.

SIGNATURE:

*Roberto Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/07*

DATE

*305-412-3290*

Daytime Phone #