

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 A**  
**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**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 J. Fernandez* **PRESIDENT**

**1/8/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**000000785686  
01/17/08-80009-022 150.00**

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

**DO NOT WRITE  
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:

*Roberto J. Fernandez* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08 305-412-3564**

Date

Daytime Phone #