## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P02000128525  1. Entity Name J.H.M. DRYWALL, INC.							04-17-2006 90378 048 ***150.00				
Principal Place of Business 913 NE 35 AVE HOMESTEAD, FL 33033			Mailing Address PO BOX 960956 MIAMI, FL 33296				1 I <b>I I</b> II II II	40  0   10    40    46    68	1 <b>31 (1811 (1811)</b>	8181 87118 11881 <b>6</b> 11	110 DJ 41 10 DJ
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb 14-185			<del></del>	plied For t Applicable
Zip	Country		Zìp	try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
GUEVARA, JHONY H 913 NE 35 AVE					Street Address (P.O. Box Number is Not Acceptable)						
HOMESTE	EAD, FL 3	3033		15	P/	05	.W 10.	10	treet		
,						411	am I		FL	Zip Code	33/96
8. The above named entity submitted his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce											and accept
the obligations of registered each.											
SIGNATURE Signature—Signat											
FIL After M	E NØW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Cont	-	ncing	<b>\$5.</b> 6	00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	FICERS AN	D DIRECTORS	S IN 11
TITLÉ	PS		☐ Delete	TITLI	ž	05 00 E	۵ م مردری	JOONY 1	<b>4</b> .	Change	Addition
NAME Street Address	913 NE 3	A, JHONY H 5 AVE		E ADDRESS 4	GUEUARA, JOONY H. 15810 SW 101 Street						
CITY-ST-ZIP	ŀ	EAD, FL 33033	CITY			MIL	am, F.	1 3319	6		
TITLE	V	A. JUAN R	☐ Delete	TITU	1/	D OVE	EUNNA,	J		Change Change	Addition
NAME STREET ADDRESS	913 NE 3	•		ET ADDRESS 4	158	10 Si	U 101 S				
CITY-ST-ZIP	HOMEST	EAD, FL 33033		-ST-ZIP	MIK	$m_1, r$	=1 33190	<u></u>		-	
TITLE NAME	CHEVAR	A, JOSE M	☐ Delete	TITLI NAM	. 7	7		· 1000	W	<b>⊠</b> Change	☐ Addition
STREET ADDRESS	913 NE 3			ET ADDRESS	50	EVARI	1015E10	,,, ,,			
CITY-ST-ZIP	HOMEST	EAD, FL 33033		-ST-ZIP	17.7	AMI	4 JOSE 1015Eno 17331	96.			
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CITY-ST-ZIP				City	-ST-ZIP						
TITLE			Delete	TITL						Change	☐ Addition
NAME STREET ADDRESS				et address							
CITY-ST-ZIP					-ST-ZIP						
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.											