


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000000757**

1. Entity Name  
**ACBP DRYWALL, INC.**



Principal Place of Business      Mailing Address

**5631 N.W. 188TH STREET  
 MIAMI FL 33055  
 US**                                      **5631 N.W. 188TH STREET  
 MIAMI FL 33055  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.                      Suite, Apt. # etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



1st MOORE                      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**

**BASILIO, AMIRIS  
 5631 N.W. 188 STREET  
 MIAMI FL 33055**

4. FEI Number      Applied For

**02-0676350**       Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City                      **FL**      Zip Code

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 *Amiris Basilio*      *Amiris Basilio (same)*      *04-20-05*

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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BASILIO, AMIRIS</b>	
STREET ADDRESS	<b>5631 N.W. 188 STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BASILIO, CLEYVIS</b>	
STREET ADDRESS	<b>5631 N.W. 188 STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete
NAME	<b>BASILIO, CLEYVIS</b>	
STREET ADDRESS	<b>5631 N.W. 188 STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>TRES</b>	<input type="checkbox"/> Delete
NAME	<b>BASILIO, CLEYVIS</b>	
STREET ADDRESS	<b>5631 N.W. 188 STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL 33055</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UN0000325226  
 04/23/05-80007-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cleyvis Basilio*      *Cleyvis Basilio*      *4-20-05*      *305-628-3000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #