

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b>	P03000007266
<b>1. Entity Name</b>	
SKY DRYWALL INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
17950 SW 143 CT		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33177			

<b>4. FEI Number</b>	<b>Applied For</b>
01-0764186	Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

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U000000578913  
01/10/07-80026-006 150.00

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name SOLANO, TIMOTEO	
Street Address (P.O. Box Number is Not Acceptable) 17950 SW 143 CT	
City	Zip Code
MIAMI	33177

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 *Timoteo Solano* SOLANO, TIMOTEO 1/5/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P SOLANO, TIMOTEO 17950 SW 143 ST MIAMI, FL 33177-7663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLANO, RENE 13921 SW 176 LANE MIAMI, FL 33177
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Timoteo Solano* TIMOTEO SOLANO, PRESIDENT 1/5/2007 (786) 402-0517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #