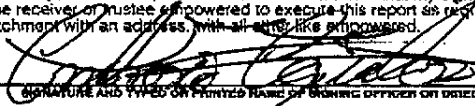


FROM : 0000 0000

PHONE NO. : 941 360 8316

Apr. 25 2005 04:36PM P6

FILED**May 02, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000023836		
1. Entity Name AGUILAR DRYWALL, INC.		
Principal Place of Business 531 NW 39TH STREET FORT LAUDERDALE, FL 33309	Mailing Address 531 NW 39TH STREET FORT LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AGUILAR, AMBROSIO 531 NW 39TH STREET FORT LAUDERDALE, FL 33309		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	D AGUILAR, AMBROSIO D 531 NW 39TH STREET FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILAR, ISRAEL D 531 NW 39TH STREET FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILAR, JOSE D 531 NW 39TH STREET FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
77-0594333 Applied For Not Applicable |5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**000000353689
05/03/05-80078-004 150.00**DO NOT WRITE
IN THIS SPACE**