## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030629  1. Entity Name  B.G. DRYWALL, CORP.								05 APR 13 PM 3: 09				
Principal Place of Business 2860 NW 135 ST #117 OPAŁOCKA, FL 33054				Mailing Address 2860 NW 135 ST #117 OPALOCKA, FL 33054			TAIL TO THE TAIL					
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01062005	Chg-P	CR2E03	34 (10/03)	05	
City & State				City & State		4. FEI Numb	-		<del></del>	plied For t Applicable		
Zíp			Zip Count		itry	1	of Status Desired	F	8.75 Addi ee Required			
	6. Name	and Address of Curre	stered Agent	7. Name and Address of New Registered Agent Name								
GUTIERREZ, BIENVENIDO 2860 NW 135 ST #117 OPALOCKA, FL 33054						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												
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 ded to Fees					
10.	OFFICERS AND DIRECTORS			CTORS	11,		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME	DP Delete GUTIERREZ, BIENVENIDO				TITLI Nam	1				Change	☐ Addition	
STREET ADDRESS CHTY+ST+ZIP	2860 NW 135 ST #117					ET ADORESS -ST-ZIP						
TITLE NAME	☐ Detete 11TL					1	7		1112	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS -ST-ZIP	04/2	00052 6/050104	7006	**150	.00	
TITLE				☐ Delete	F				Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -ST-ZIP						
TITLE NAME	☐ Delete TITLL					F				☐ Change	☐ Addition	
STREET ADORESS CIFY-ST-ZIP					STRE	EET ADDRESS '-ST-ZIP						
TITLE NAME	☐ Defete TITLE NAME					i i				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STRE	EET ADDRESS '-ST-ZIP					1	
TITLE NAME				☐ Delete	TITL					Change	☐ Addition	
STREET ADDRESS City-St-Zip					STRE	EET ADDRESS -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.											or director I	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED OR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED OR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED OR												