
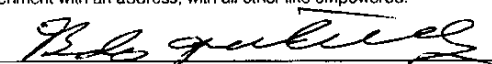


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 024 ***150.00

DOCUMENT # P03000030629 1. Entity Name B.G. DRYWALL, CORP.					
Principal Place of Business 12500 E. RANDALL PARK DR. MIAMI, FL 33167			Mailing Address 2860 NW 135 ST #117 OPALOCKA, FL 33054		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3748247	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUTIERREZ, BIENVENIDO 2860 NW 135 ST #117 OPALOCKA, FL 33054				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUTIERREZ, BIENVENIDO 12500 EAST RANDALL PARK DR MIAMI, FL 33167		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 			Date 2/10/08 Daytime Phone # 786 5567442		

ATTACHMENT

Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120
R. 01/08

Rule 12C-1.051
Florida Administrative Code
Effective 01/08



40023903
#P03000030629

Name **BG DRYWALL CORP**
Address **PO BOX 541193**
City/State/ZIP **OPA LOCKA FL 33054**

Use black ink. Example A - Handwritten Example B - Typed

0123456789 0123456789

043748247

FEIN

For calendar year 2007 or tax year
beginning **1-1-**, 2007
ending **12-31-07**
Year end date

☐ Check here if any changes have been made to name or address

DOR use only

00 / 00 / 00

Computation of Florida Net Income and Emergency Excise Tax

		US Dollars	Cents
1. Federal taxable income (see Instructions). Attach pages 1-4 of federal return	Check here if negative <input checked="" type="checkbox"/>	1023	
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative <input type="checkbox"/>		
3. Additions to federal taxable income (from Schedule I)	Check here if negative <input type="checkbox"/>		
4. Total of Lines 1, 2, and 3	Check here if negative <input checked="" type="checkbox"/>	1023	
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative <input type="checkbox"/>		
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <input checked="" type="checkbox"/>	1023	
7. Florida portion of adjusted federal income (see Instructions)	Check here if negative <input checked="" type="checkbox"/>	1023	
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative <input type="checkbox"/>		
9. Florida exemption			
10. Florida net income (Line 7 plus Line 8 minus Line 9)		-0-	
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)		-0-	
12. Credits against the tax (from Schedule V)			
13. Emergency excise tax due (from Schedule A)			
14. Total corporate income/franchise and emergency excise tax due (see instructions)		-0-	

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-1120
R. 01/08

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR
ENDING **123107**

Return is due 1st day of the 4th month after close of the taxable year.

Check here if you transmitted funds electronically ☐

Enter name and address, if not pre-addressed:

Name
Address
City/St/ZIP

BG DRYWALL CORP
PO BOX 541193
OPA LOCKA FL 33054

Total amount due from Line 18

Total credit from Line 19

Total refund from Line 20

FEIN
Enter FEIN if not pre-addressed

US DOLLARS	CENTS
-0-	
043748247	