

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000055345

1. Entity Name
EIMA DRYWALL, INC.



Principal Place of Business Mailing Address
10017 MASSEY ST **10017 MASSEY ST**
ORLANDO, FL 32825 **ORLANDO, FL 32825**

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
01-0781483 Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, ELVIRA
10017 MASSEY ST
ORLANDO, FL 32825

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALVAREZ, ELVIRA 10017 MASSEY ST ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VAZQUEZ, ROBERTO 2622 ADELA AVE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VAZQUEZ, ISAAC 10017 MASSEY ST ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SERVIN, NOE VARELA 2851 CORRAL REEF ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/29/05-80038-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Elvira Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05
Date

407 658-2478
Daytime Phone #