

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90010 002 ***150.00

DOCUMENT # P03000055345

1. Entity Name
EIMA DRYWALL, INC.



Principal Place of Business

**10017 MASSEY ST
ORLANDO, FL 32825**

Mailing Address

**10017 MASSEY ST
ORLANDO, FL 32825**

40010000



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0781483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALVAREZ, ELVIRA
STREET ADDRESS	10017 MASSEY ST
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	SD
NAME	VAZQUEZ, ROBERTO
STREET ADDRESS	2622 ADELA AVE
CITY-ST-ZIP	ORLANDO, FL 32826

TITLE	VD
NAME	VAZQUEZ, ISAAC
STREET ADDRESS	10017 MASSEY ST
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/28/06
Date Daytime Phone #