

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-05-2007 90077 016 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		
2. Principal Place of Business - No P.O. Box # 9763 Doriath Cir.		3. Mailing Address 9763 Doriath Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 01-0781483	
Zip 32825		Country Orange		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		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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME ALVAREZ, ELVIRA		TITLE 	NAME 9763 Doriath Cir.	
STREET ADDRESS 10017 MASSEY ST	CITY-ST-ZIP ORLANDO, FL 32825		STREET ADDRESS 	CITY-ST-ZIP Orlando FL 32825	
TITLE SD	NAME VAZQUEZ, ROBERTO		TITLE 	NAME 9763 Doriath Cir	
STREET ADDRESS 2622 ADELA AVE	CITY-ST-ZIP ORLANDO, FL 32826		STREET ADDRESS 	CITY-ST-ZIP Orlando FL 32825	
TITLE VD	NAME VAZQUEZ, ISAAC		TITLE 	NAME 9763 Doriath Cir	
STREET ADDRESS 10017 MASSEY ST	CITY-ST-ZIP ORLANDO, FL 32825		STREET ADDRESS 	CITY-ST-ZIP Orlando FL 32825	
TITLE TD	NAME SERVIN, NOE VARELA		TITLE 	NAME 	
STREET ADDRESS 2851 CORRAL REEF	CITY-ST-ZIP ORLANDO, FL 32826		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Elvira Alvarez</u>			2/19/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		