

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103279

Entity Name: LATIN DRYWALL, CORP.

FILED  
Aug 21, 2009  
Secretary of State

## Current Principal Place of Business:

1062 SW JENNIFER TERRACE  
PT. S. LUCIE, FL 34953

## New Principal Place of Business:

2 REDWOOD TRACK LANE  
OCALA, FL 34472

## Current Mailing Address:

1062 SW JENNIFER TERRACE  
PT. ST. LUCIE, FL 34953

## New Mailing Address:

2 REDWOOD TRACK LANE  
OCALA, FL 34472

FEI Number: 20-0244069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAAVEDRA, ANA M  
1062 SW JENNIFER TERRACE  
PT. ST. LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

SAAVEDRA, ANA M  
2 REDWOOD TRACK LANE  
OCALA, FL 34472 US

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.

SIGNATURE:

08/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAAVEDRA, ANA M  
Address: 1062 SW JENNIFER TERRACE  
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: SD ( ) Delete  
Name: CHACON, JOSE F  
Address: 1062 SW JENNIFER TERRACE  
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: TD ( ) Delete  
Name: GRANADOS, REINALDO C  
Address: 1062 SW JENNIFER TERRACE  
City-St-Zip: PT. ST. LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAAVEDRA, ANA M  
Address: 2 REDWOOD TRACK LANE  
City-St-Zip: OCALA, FL 34472

Title: SD (X) Change ( ) Addition  
Name: CHACON, JOSE F  
Address: 2 REDWOOD TRACK LANE  
City-St-Zip: OCALA, FL 34472

Title: TD (X) Change ( ) Addition  
Name: GRANADOS, REINALDO C  
Address: 2 REDWOOD TRACK LANE  
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA SAAVEDRA

P

08/21/2009

Electronic Signature of Signing Officer or Director

Date