


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90209 035 ***150.00

DOCUMENT # P03000105614	
1. Entity Name UNIVERSITY DRYWALL INC.	

Principal Place of Business 2510 W. 56 ST #2318 HIALEAH, FL 33016	Mailing Address 2510 W. 56 ST #2318 HIALEAH, FL 33016
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

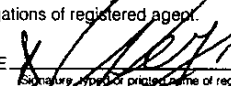
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02182006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent LOPEZ, ADALBERTO 9919 WEST OKEECHOBEE ROAD 337A HIALEAH, FL 33016	
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7. Name and Address of New Registered Agent	
Name	Lopez Adalberto
Street Address (P.O. Box Number is Not Acceptable)	2510 West 56 St #2318
City	HIALEAH FL 33016

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: 	DATE: 2/18/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOPEZ, ADALBERTO 2510 W. 56 ST #2318 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, ROBERTO 2510 W. 56 ST #2318 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lopez Adalberto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2510 West 56 St #2318 HIALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CACHEIRO, ELOY 2510 W. 56 ST #2318 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lopez Adalberto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2510 West 56 St #2318 HIALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE: 	DATE: 2/18/06	DAYTIME PHONE #: (886) 2989350
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