
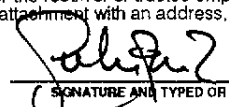


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # P03000108764 *</b><br>1. Entity Name<br><b>JAIR DRYWALL, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>5927 NW CAREFREE ST<br/>PORT ST LUCIE FL 34986<br/>US</b>   |   |  | Mailing Address<br><b>5927 NW CAREFREE ST<br/>PORT ST LUCIE FL 34986<br/>US</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt #, etc. |   |  |  |
| City & State  |   | City & State                                 |   |  |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number <b>20-0247160</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SATIZABAL, JAIR<br/>5927 NW CAREFREE ST.<br/>PORT ST LUCIE FL 34986</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D <b>SATIZABAL, JAIR</b><br><b>5927 NW CAREFREE ST</b><br><b>PORT ST LUCIE FL 34986</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>UN00000330303</b><br/> <b>04/25/05-80154-013 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>  <b>JAIR SATIZABAL</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <b>4-19-05</b> <b>(772) 528-2357</b><br><small>Date Daytime Phone #</small>   |  |  |