

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90053 004 ***150.00

DOCUMENT # P03000112439

1. Entity Name

R&J DRYWALL FINISHER INC.



Principal Place of Business

6831 SW 27 CT
MIRAMAR FL 33023

Mailing Address

6831 SW 27 CT
MIRAMAR FL 33023

2. Principal Place of Business - No P.O. Box #

6831 SW 27 CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Zip

33023

Country

Broward

Zip

Country

4. FEI Number

20-0371192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

HERNANDEZ, RUBEN
6831 SW 27 CT
MIRAMAR FL 33023

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 title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HERNANDEZ, RUBEN
6831 SW 27 CT
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SOLREDO, ROSA J
6831 SW 27 CT
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Salcedo Rosa J.
6831 SW 27 CT
Miramar FL 33023 ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ruben Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-07

Date

Daytime Phone #