

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

10/2  
6/25

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 047 \*\*\*150.00

**DOCUMENT # P03000114303**

1. Entity Name  
**MIR DRYWALL AND FINISHERS CONSTRUCTION, INC.**



Principal Place of Business  
**600 ROMANO AVENUE  
ORLANDO, FL 32807**

Mailing Address  
**600 ROMANO AVENUE  
ORLANDO, FL 32807**

**66430600**



2. Principal Place of Business  
**600 Romano Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**600 Romano Ave.**  
Suite, Apt. #, etc.

08072004 Chg-P CR2E034 (10/03)

City & State  
**Orlando**

City & State  
**Orlando**

Zip  
**32807** Country

Zip  
**32807** Country

4. FEI Number  
**47-0933655**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PERALTA, MARIO O.  
600 ROMANO AVENUE  
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name  
**Mario Peralta**

Street Address (P.O. Box Number is Not Acceptable)  
**600 Romano Ave**

City  
**Orlando** State  
**FL** Zip Code  
**32807**

I, 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 *Mario Peralta* DATE 6/16/04

Signature, typed or printed name of registered agent and date it appears. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	<b>President Mario Peralta 600 Romano Ave. Orlando, FL 32807</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 empowers.

SIGNATURE: *Mario Peralta* DATE 6/16/04 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Attachment*

*292*

*664306001*

**MIR DRYWALL AND FINISHERS CONSTRUCTION, INC**

**DOCUMENT NUMBER: P03000114303**

**THIS LETTER IS TO INFORM YOU I NEVER RECEIVED THE  
DEPARTMENT OF STATE FORMS IN 2004, PLEASE WAIVE THE  
PENALTY.**

**I AM ENCLOSING A CHECK FOR 150 DOLLARS.**

**THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.**

  
**MARIO O. PERALTA**