2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120453

Entity Name: LUIGI DRYWALL INC

City-St-Zip:

ORLANDO, FL 32810 1

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5574 BERWOOD DRIVE ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 5574 BERWOOD DRIVE ORLANDO, FL 32810 FEI Number: 81-0635386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCO PROFESSIONAL SERVICES TAX CARE INC 385 E MAIN STREET 2471 E SEMORAN BLVD APOPKA, FL 32703 APOPKA, FL 32703 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: RA 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VAZQUEZ, LUIS SR. Name: Name: 5574 BERWOOD DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32810 1 City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: VAZQUEZ, MARIA G Name: VAZQUEZ, MARIA G 5574 BERWOOD DRIVE 5574 BERWOOD DRIVE Address: Address: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 1 City-St-Zip: Title: SEC (X) Delete Title: () Change () Addition VAZQUEZ, MARIA G Name: Name: 5574 BERWOOD DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32810 1 City-St-Zip: Title: (X) Delete Title: () Change () Addition VAZQUEZ, LUIS Name: Name: Address: 5574 BERWOOD DRIVE Address:

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.

City-St-Zip:

SIGNATURE: LUIS VAZQUEZ P 04/28/2009