


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000122897
1. Entity Name
J & D Drywall, Painting & Fire Stop Systems, Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6841 SW 78 Terrace
Suite, Apt. #, etc.

3. Mailing Address
6841 SW 78 Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
South Miami, FL

City & State
South Miami, FL

4. FEI Number 20-0350543 Applied For
Not Applicable

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

Zip 33143 Country Miami-Dade Zip 33143 Country Miami-Dade

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Lazaro D Tabares
Street Address (P.O. Box Number is Not Acceptable)
6841 SW 78 Terrace
City South Miami, FL Zip Code 33143

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.

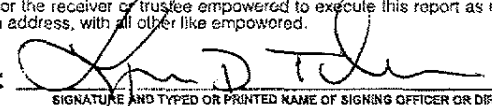
SIGNATURE  DATE 2-7-06
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when substituting)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Lazaro D Tabares / President 6841 SW 78 Terrace South Miami, FL 33143	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000428704 02/21/06 00050 005 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 2-7-06 Daytime Phone # 305-610-9459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)