

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000123351 1. Entity Name ORTIZ QUALITY DRYWALL INC.				FILED 07 FEB 27 PM 5:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7603 52ND TERR EAST BRADENTON, FL 34203-MANN		Mailing Address 7603 52ND TERR EAST BRADENTON, FL 34203			
2. Principal Place of Business - Not P.O. Box # 5753 E. 39th St		3. Mailing Address 5753 E. 39th St			
Suite, Apt. #, etc. Circ. E		Suite, Apt. #, etc. Circ. E		02132007 Chg-P CR2E034 (12/06)	
City & State BRADENTON		City & State BRADENTON		4. FEI Number 51-0486296	
Zip 34203		Country 34203		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, MARCO A 7603 52ND TERR EAST BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name ORTIZ MARCO A. Street Address (P.O. Box Number is Not Acceptable) 5753 E. 39th St. Circ. E City BRADENTON FL Zip Code 34203		
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 reissuing) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, MARCO A SR 7603 52ND TERR EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5753 E. 39th St. Circ. E BRADENTON, FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained 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 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: _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					