2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124627

1. Entity Name
A M P DRYWALL CO. INC.

Principal Place of Business	Mailing Address
11408 DONNA DR LOT #392 TAMPA, FL 33637	11408 DONNA DR LOT #392 TAMPA, FL 33637

01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2421856
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ-TORRES, AUGUSTIN DE LA
11408 DONNA DR LOT #392
TAMPA, FL 33637

DO NOT WRITE IN THIS SPACE

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: AGUSTIN DE LA CRUZ 04/04/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CRUZ-TORRES, AGUSTIN DE LA
STREET ADDRESS	11408 DONNA DR LOT #392
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	V
NAME	FLORES, BRAULIO
STREET ADDRESS	11408 DONNA DR LOT #392
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	S
NAME	VALDES-CABALLERO, GABRIEL
STREET ADDRESS	11408 DONNA DR LOT #392
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U10000495528
04/21/06-80014-002 150.00

DO NOT WRITE IN THIS SPACE

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: AGUSTIN DE LA CRUZ 04/04/06 (813) 376 5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #