

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000125881

1. Entity Name

MIRANDA DRYWALL INC.



Principal Place of Business

4816 CHARLESTON AVE.
PLANT CITY, FL 33567

Mailing Address

4816 CHARLESTON AVE.
PLANT CITY, FL 33567



02162007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1687943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, HILARIO
4816 CHARLESTON AVE.
PLANT CITY, FL 33567

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000722754
05/02/07-80045-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MIRANDA, HILARIO
STREET ADDRESS 4816 CHARLESTON AVE.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE SD
NAME MIRANDA, MARIA L
STREET ADDRESS 4816 CHARLESTON AVE.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VD
NAME VARGAS, HILARIO M
STREET ADDRESS 4816 CHARLESTON AVE.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE TD
NAME MIRANDA, FRANCISCO
STREET ADDRESS 4816 CHARLESTON AVE.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07