


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90496 015 \*\*\*150.00

DOCUMENT # P03000127193					
1. Entity Name TOLEDO BROTHERS DRYWALL INC.					
Principal Place of Business 5040 MILLEN BLVD 205 ORLANDO, FL 32830 US			Mailing Address 5040 MILLEN BLVD 205 ORLANDO, FL 32830 US		
2. Principal Place of Business 1154 MIDDLEBROOK RD Suite, Apt. #, etc. 936 ORLANDO FL			3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip 32811 Country ORANGE		
City & State ORLANDO FL			4. FEI Number 59-3070104		
Zip 32811 Country ORANGE			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOLEDO, JUIS M 5040 MILLEN BLVD 205 ORLANDO, FL 32830			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1154 MIDDLEBROOK RD Apt 936 City ORLANDO FL Zip Code 32811		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 TOLEDO-SALINAS, PATRICIO 5040 MILLEN BLVD 205 ORLANDO, FL 32830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLEDO, JUIS M 5040 MILLEN BLVD 205 ORLANDO, FL 32830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SEGURA, SILVESTRE 5040 MILLEN BLVD 205 ORLANDO, FL 32830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>PATRICIO TOLEDO</u> 4-14-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					