

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 8:00 am
Secretary of State

6/

06-26-2006 90002 003 ***150.00

07-24-2006 90002 020 ***400.00

DOCUMENT # P03000129646

1. Entity Name
SALVADOR M. DRYWALL, INC.



Principal Place of Business
**1410 S HOAGLAND BLVD #8
KISSIMMEE, FL 34741**

Mailing Address
**1410 S HOAGLAND BLVD #8
KISSIMMEE, FL 34741**

50022931



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2424915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMIREZ, SALVADOR
1410 HOAGLAND BLVD #8
KISSIMMEE, FL 34741**

**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 except the obligations of registered agent.

SIGNATURE *SALVADOR* *PRESIDENT* *5-2-06*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) 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 PD
NAME RAMIREZ, SALVADOR
STREET ADDRESS 1410 S HOAGLAND BLVD #8
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE VD
NAME RAMIREZ, ALVARO
STREET ADDRESS 1410 S HOAGLAND BLVD #8
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE
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STREET ADDRESS
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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: *SALVADOR* *6-20-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #