

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90025 033 ***150.00

DOCUMENT # P03000130552

1. Entity Name

MESA DRYWALL, INC.



Principal Place of Business

11478 SW 74TH TERRACE
MIAMI FL 33173-2616

Mailing Address

11478 SW 74TH TERRACE
MIAMI FL 33173-2616

2. Principal Place of Business

11478 SW 74 Terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

33173

Dade

4. FEI Number

56-2415759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, NANCY
7751 S.W. 26TH STREET
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MESA, SAUL	
STREET ADDRESS	11478 SW 74TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173-2616	
TITLE	S	<input type="checkbox"/> Delete
NAME	MESA, MARIA E	
STREET ADDRESS	11478 SW 74TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173-2616	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 305-598-5489

Date

Daytime Phone #