## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000137381

**FILED** Apr 29, 2005 Secretary of State

Entity Name: CASTRO'S DRYWALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 17017 BAY AVENUE MONTVERDE, FL 34756 **Current Mailing Address: New Mailing Address:** 17017 BAY AVENUE MONTVERDE, FL 34756 FEI Number: 54-2134112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCO PROFESSIONAL SERVICES BLANCO PROFESSIONAL SERVICES 393 E MAIN STREET 385 E MAIN STREET APOPKA, FL 32703 APOPKA, FL 32703 US US 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. SIGNATURE: 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition CASTRO GRANADOS, IGNACIO Name: Name: 17017 BAY AVENUE Address: Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition VILLANUEVA, ROLANDO Name: Name: VILLANUEVA, ROLANDO 17017 BAY AVENUE 17017 BAY AVENUE Address: Address: MONTVERDE, FL 34756 MONTVERDE, FL 34756 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: SEC () Delete DIR PRIETO, AGUSTIN Name: PRIETO, J. ANTONIO Name: 17017 BAY AVENUE 17017 BAY AVENUE Address: Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO CASTRO PRE 04/29/2005