


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 008 ***158.75

DOCUMENT # P03000140175	
1. Entity Name A & A HERNANDEZ DRYWALL, INC.	

Principal Place of Business 10200 N ARMENIA AVENUE, #1407 TAMPA, FL 33612	Mailing Address 10200 N ARMENIA AVENUE, #1407 TAMPA, FL 33612
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2. Principal Place of Business 10200 N Armenia Ave, Suite, Apt. #, etc. # 2505	3. Mailing Address 10200 N. Armenia Ave Suite, Apt. #, etc. # 2505
City & State Tampa, FL	City & State Tampa, FL
Zip 33612-7370 Country USA	Zip 33612-7370 Country USA

40050119



04052005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0453832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, THOMAS R 15910 EAGLE RIVER WAY TAMPA, FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, ADOLFO JR. 10200 N ARMENIA AVENUE, #1407 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hernandez, Adolfo Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10200 N Armenia Ave # 2505 TAMPA, FL 33612-7370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, EVA 10200 N ARMENIA AVENUE, #1407 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Hernandez, Eva R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10200 N. Armenia Ave # 2505 TAMPA, FL 33612-7370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, ADOLFO_III 10200 N ARMENIA AVENUE, #1407 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hernandez, Adolfo III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10200 N. Armenia Ave # 2505 TAMPA, FL 33612-7370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eva R. Hernandez **Eva R. Hernandez** **4/5/05** **(813)930-9051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #