

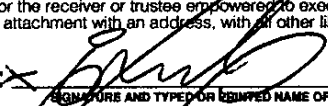


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90266 027 ***150.00

DOCUMENT # P03000140323					
1. Entity Name GOMES PRADO DRYWALL, INC.					
Principal Place of Business 733 SANCTUARY COVE DR N PALM BCH, FL 33410			Mailing Address 733 SANCTUARY COVE DR N PALM BCH, FL 33410		
2. Principal Place of Business 2555 PGA Blvd Suite, Apt. #, etc. Apt 107		3. Mailing Address 2555 PGA Blvd Suite, Apt. #, etc. 107			
City & State Palm Beach Gardens - FL		City & State Palm Beach Gardens - FL		04102005 Chg-P CR2E034 (10/03)	
Zip 33410		Country USA		4. FEI Number 20-0446665	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DO PRADO, EDIVALDO G 733 SANCTUARY COVE DR N PALM BCH, FL 33410			7. Name and Address of New Registered Agent 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:  DATE: 04-10-05 <small>Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 DP NAME DO PRADO, EDIVALDO G STREET ADDRESS 733 SANCTUARY COVE DR CITY - ST - ZIP N PALM BCH, FL 33410	<input type="checkbox"/> Delete		TITLE DP NAME DO PRADO, EDIVALDO G STREET ADDRESS 2555 PGA Blvd #107 CITY - ST - ZIP Palm Beach Gardens - FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SOUZA GOMES, MANOEL D STREET ADDRESS 733 SANCTUARY COVE DR CITY - ST - ZIP N PALM BCH, FL 33410	<input checked="" 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	
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 or other like empowered.					
SIGNATURE: 			04-10-05 561-7184100 <small>Date Daytime Phone #</small>		