2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # P03000145448 1. Entity Name ALEXANDER MALDONADO DRYWALL, INC.						01-17-2006 90231 023 ***150.00				
Principal Plac	ce of Business	Mailing Address								
2016 KETCI		2016 KETCH DR.								
HISSIMMEE EL 24741 HISSIMMEE EL 24741					10	60001878				
HISSIMMEE, FL 34741 2256 CHANDONNAY OF WAST 2256 CHANDE HISSIMMEE, JI. 3774/ KISSIMMEE,				17 3x2	7 X/	! 			II Big ii Giro t II	
2. Principal F	Place of Business	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-P	CR2E0	34 (11/05)		
City & Sta	te	City & State				4. FEI Numb				pplied For
		ony a diano					,, 6201			ot Applicable
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desire		\$8.75 Ad	
	6. Name and Address of Current	Pagistared Agent		1					Fee Require	»d
	J. Humo and Address Of Cuffelli	Alesteran Whelit		Name Alexander HALDONADO						
	ADO, ALEXANDER									
KISSIMME	GH DR . EE, FL 34741			Street A	ddress (I	P.O. Box Numb	er is Not Accept	table)		
KIOOMANI	JL, I L 04741			225	6	CHARDO	NANY	ch we	257	
					, ,			Cf W	Zip Coo	le .
8 The above	named entity submits this statement for	or the nurnose of changing	ite register	ed office of	\$ 5 ∕ ∕	✓✓C € ed agent, or bo	th in the State a	F L	134	フタノ
the obliga	tions of registered agent.	or the purpose of changing	na register	ou onice of	register	eu agent, or bo	ui, in the State C	or Flunda. Fami	arrillar with,	ano accept
SIGNATURE.										
SIGNATORE.	Signature, typed or printed name of registered agen	and title if applicable. (N	OTE: Registere	d Agent signati	urë required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution					\$5. Add	00 May Be ed to Fees			- 41	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
TITLE,	DO	☐ Delete	TITL	_					☐ Change	☐ Addition
NAME STREET ADDRESS	· ·		NAM		22	50 041	LDONNA	y ct. h	<i>†</i>	
CITY-ST-ZIP				ET ADORESS - St - ZIP		.		,		
TITLE	0	☐ Delete	TITL						☐ Change	Addition
NAME	JIMENEZ, JOSE M	Duicte	NAM						☐ Olesinge	Addition
STREET ADDRESS	2016 KETCH DRIVE			ET ADDRESS						
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY	-ST-ZiP						
NAME		Delete	TITL						☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
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NAME	Delete TITI							Change	Addition	
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NAME STREET ADDRESS			MAN							
CITY-ST-ZIP				ET ADDRESS - St-zip						
}	I				L					

Indicated on this report or supplier with a national data the information solution of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliermental 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:	Alexande	malda	ME OF SIGNING OFFICER OR DIR	
	SIGNATURE AND TY	PED OR PRINTED NA	ME OF SIGNING OFFICER OR DIR	ECTOR

Daytime Phone #