

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90231 023 ***150.00

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DOCUMENT # P03000145448 1. Entity Name ALEXANDER MALDONADO DRYWALL, INC.						
Principal Place of Business 2016 KETCH DR. KISSIMMEE, FL 34741 <i>2256 CHARDONWAY Ct. W</i> <i>KISSIMMEE, FL 34741</i>			Mailing Address 2016 KETCH DR. KISSIMMEE, FL 34741 <i>2256 CHARDONWAY Ct. W</i> <i>KISSIMMEE, FL 34741</i>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		4. FEI Number 87-0716201		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent MALDONADO, ALEXANDER 2016 KETCH DR. KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name <i>ALEXANDER MALDONADO</i> Street Address (P.O. Box Number is Not Acceptable) <i>2256 CHARDONWAY Ct. W</i> City <i>KISSIMMEE</i> FL Zip Code <i>34741</i>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO MALDONADO, ALEXANDER 2016 KETCH DR. KISSIMMEE, FL 34741		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2256 CHARDONWAY Ct. W</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JIMENEZ, JOSE M 2016 KETCH DRIVE KISSIMMEE, FL 34741		<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	
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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 exemptions contained in Chapter 119, 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: <i>Alexander Maldonado</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>1/12/06</i> <small>Daytime Phone #</small>		