

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

03-24-2006 90039 010 ***150.00

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1. Entity Name
DIAZ P DRYWALL, INC.



Principal Place of Business
**1529 LAY COURT
KISSIMMEE, FL 34744**

Mailing Address
**1529 LAY COURT
KISSIMMEE, FL 34744**

66014925



DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0469881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, LAZARO
1529 LAY COURT
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, LAZARO
STREET ADDRESS	1529 LAY COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	GARCIA, SERGIO
STREET ADDRESS	1529 LAY CT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	DIAZ-MAJANO, GABRIEL
STREET ADDRESS	1529 LAY COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Lazaro Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____