

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

37.

03-24-2006 90039 010 ***150.00

DOCUMENT # P03000145843
 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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, LAZARO 1529 LAY COURT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, SERGIO 1529 LAY CT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ-MAJANO, GABRIEL 1529 LAY COURT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: X Lazaro Diaz _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #