

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000146858 1. Entity Name SANTOS MUNOZ DRYWALL INC.	
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Principal Place of Business P.O. BOX 863 ZELLWOOD, FL 32798	Mailing Address P.O. BOX 863 ZELLWOOD, FL 32798
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DO NOT WRITE IN THIS SPACE



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0935740	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTILLO, SANTOS R
7008 HOLLY ST.
ZELLWOOD, FL 32798**

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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTILLO, SANTOS R 7008 HOLLY ST. ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTILLO, JUAN C 7003 HOLLY ST ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTILLO, MIGUEL A 7003 HOLLY ST ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/24/06-80041-025 150.00

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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 SANTOS R PORTILLO 2/8/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #