


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 032 ***158.75

DOCUMENT # P03000146858					
1. Entity Name SANTOS MUNOZ DRYWALL INC.					
Principal Place of Business P.O. BOX 863 ZELLWOOD, FL 32798			Mailing Address P.O. BOX 863 ZELLWOOD, FL 32798		
2. Principal Place of Business - No P.O. Box # 2939 Junction Rd		3. Mailing Address P.O. Box 159			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Zellwood FL		City & State Santos FL		4. FEI Number 47-0935740	
Zip 32798		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTILLO, SANTOS R 7008 HOLLY ST. ZELLWOOD, FL 32798			7. Name and Address of New Registered Agent Name: <u>Portillo Santos R.</u> Street Address (P.O. Box Number is Not Acceptable): 2939 Junction Rd. City: <u>Zellwood</u> FL Zip Code: <u>32798</u>		
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: <u>Santos R Portillo</u> DATE: <u>1/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P PORTILLO, SANTOS R 7008 HOLLY ST. ZELLWOOD, FL 32798		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTILLO, JUAN C 7003 HOLLY ST ZELLWOOD, FL 32798		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTILLO, MIGUEL A 7003 HOLLY ST ZELLWOOD, FL 32798		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	
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	
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: Santos R Portillo			Date: <u>1/19/07</u> Daytime Phone #		