

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000148900

1. Entity Name
RIGO'S DRYWALLS, INC.



FILED

06 SEP 25 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**12001 MATTIODA RD.
GROVELAND, FL 34736**

Mailing Address
**12001 MATTIODA RD.
GROVELAND, FL 34736**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

09052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0477348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIGOBERTO, URBIETA O
12001 MATTIODA RD.
GROVELAND, FL 34736**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE: P/D Delete
NAME: URBIETA, RIGOBERTO O
STREET ADDRESS: 12001 MATTIODA RD.
CITY-STATE-ZIP: GROVELAND, FL 34736

TITLE: VP/O Delete
NAME: ROSA, URBIETA
STREET ADDRESS: 12001 MATTIODA RD.
CITY-STATE-ZIP: GROVELAND, FL 34736

TITLE: Delete
NAME: *Rosa*
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: **700080147177**
STREET ADDRESS: **09/25/06--01045--020 **550.00**
CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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: *Rigoberto Urbieto* 9-11-06 Rigoberto Urbieto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-466-1182