2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149903

FILED Feb 28, 2004 Secretary of State

				,	
Entity Na	me: CABEZO	N & CHAVIRA DRYWALL INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4678 LA V ORLANDO	ISTA DR. D, FL 32808				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4678 LA V ORLANDO	ISTA DR. D, FL 32808				
FEI Number	: 30-0219311	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CHAVIRA, JOSE A SR. 4678 LA VISTA DR. ORLANDO, FL 32808				BLANCO PROFESSIONAL SERVICES INC 393 E MAIN STREET APOPKA, FL 32703	
The above in the State	named entity se of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: LUIS A BLANCO				02/28/2004	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CHAVIRA, JOSI 4678 LA VISTA ORLANDO, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () VAZQUEZ, SER 4678 LA VISTA ORLANDO, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OLIVRES, EBE	ANE PKWY.APT.1314	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ETC () VALENCIA, JOS	Delete SE SR.	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE CHAVIRA PRE 02/28/2004

5189 CINDERLANE PKWY.APT.1314

ORLANDO, FL 32808

Address:

City-St-Zip: