


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 013 ***150.00

DOCUMENT # P03000152524 1. Entity Name TRIPLE M DRYWALL INC.	
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Principal Place of Business % MOISES MENDEZ 4369 LINE DR PALM SPRINGS, FL 33406-6127	Mailing Address % MOISES MENDEZ 4369 LINE DR PALM SPRINGS, FL 33406-6127
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DO NOT WRITE IN THIS SPACE

20020788



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0558665	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 MENDEZ, MOISES 4369 LINE DR PALM SPRINGS, FL 33406

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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 Moises Mendez M. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, MOISES 4369 LINE DR PALM SPRINGS, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG MARZOS LAGUNA 4369 Line Dr. W. Palm Beach FL 33406
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Moises Mendez M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____