


**FILED**

**May 02, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000153320**

1. Entity Name  
**NV DRYWALL CORPORATION**



Principal Place of Business <b>6110 DUNCAN RD                  RIVERVIEW, FL 33569</b>	Mailing Address <b>6110 DUNCAN RD                  RIVERVIEW, FL 33569</b>
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2443616</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VILLEDA, NELSON A  
 6110 DUNCAN RD  
 RIVERVIEW, FL 33569**

**DO NOT WRITE  
 IN THIS SPACE**

7. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (MOT: 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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VILLEDA, NELSON A P 6110 DUNCAN RD RIVERVIEW, FL 33569</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DE JESUS CHACON, EMMANUEL V 6110 DUNCAN RD RIVERVIEW, FL 33569</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VILLEDA, JOSE 6110 DUNCAN RD RIVERVIEW, FL 33569</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

U00000357175  
 05/04/05-80063-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: \_\_\_\_\_  
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #