


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2005 90092 036 ***150.00

DOCUMENT # P03000154506	
1. Entity Name MOLINA DRYWALL, INC.	

Principal Place of Business 2201 PONTINA COURT APT E KISSIMMEE, FL 34741	Mailing Address 2201 PONTINA COURT APT E KISSIMMEE, FL 34741
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2. Principal Place of Business 1805 Michigan Ave.	3. Mailing Address 1805 Michigan Ave.
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Suite, Apt. #, etc. Apt. D	Suite, Apt. #, etc. Apt. D
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City & State Kissimmee, Florida	City & State Kissimmee, Florida
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Zip 34741	Country Osceola	Zip 34741	Country Osceola
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04122005 Chg-P CR2E034 (10/03)

4. FEI Number 45-0530020		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANTOS, MOLINA 2201 PONTINA COURT APT E KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Santos Molina Street Address (P.O. Box Number is Not Acceptable) 1805 Michigan Ave. APT. B City Kissimmee, Florida FL Zip Code 34741

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:  **12 April 2005**

Signature, typed or printed name of registered agent and date if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, MOLINA 2201 PONTINA COURT APT E KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Santos, Molina 1805 Michigan Ave. APT D. Kissimmee, Florida 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTER, MARTINEZ 2201 PONTINA COURT APT E KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Carcamo, Lucas S. 1805 Michigan Ave, APT. D Kissimmee, Florida 34741
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
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 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:  **12 April 2005** **407-791-0207**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #