## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000157732  1. Entity Name R.A. MALDONADO DRYWALL INC.					04-02-2004 90044 039 ***158.75				
Principal Place of Business Malling Address					66418539				
2097 JESSA DRIVE				., _ <del></del>					
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262004 · Chg-P CR2E034 (10/03)					
City & State		City & State		4. FEI Number	64060.	Applied For Not Applicable			
Zip	Country	Zip	Cour	ntry		of Status Desired	<u> </u>	8.75 Add	itional
6. Name and Address of Current Registered Agent					7. Name and	Address of New R			7.
MALDONADO, ROMAN A				Name	· · · · · · · · · · · · · · · · · · ·				
2097 JESSA DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
KISSIMMEE, FL 34743									
				City			FL	Zip Code	•
	named entity submits this statement fo	r the purpose of changing its	register	ed office or register	red agent, or both	n, in the State of Flo		emiliar with,	and sccept
the obligati	ions of registered agent.			•					<b>\</b>
SIGNATURE_	Signature, typed or printed name of registered agent of	and Little if applicable. (NOT	E: Registere	ed Agent signature required	when reinstating)		DATE		}
								<u> </u>	<del></del>
After Ma	E NOW!!! FEE 18'\$150.00' ny 1, 2004 Fee will be \$550.(	9. Election Cempa Trust Fund Con			00 May Be		·		
10.	OFFICERS AND	DIRECTORS	11.	<del></del>	ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	5 IN 11
TITLE	P MALDONADO, ROMAN A	☐ Delete	זונו					Change	☐ Addition
STREET ADDRESS	1		NAA STR	RET ADDRESS					1
CITY-SI-ZIP	KISSIMMEE, FL 34743	<del></del>	cri	Y-ST-ZIP	<del></del>				
TITLE	V MALDONADO, PABLO J	Delete	TITL NAS	1				Change	☐ Addition
STREET ADDRESS	2097 JESSA DRIVE			EET AODRESS	*		_		}
CITY-ST-ZIP	KISSIMMEE, FL 34743		cır	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
NAME	S JIMÉNEZ, CARLOS	, - 🔲 Delete	TITL NA		•,		•	☐ Change	Addition
STREET AUTORESS	2097 JESSA DRIVE			EET ADDRESS					· [
CITY-ST-ZIP .	KISSIMMEE, FL 34743	· · ·	CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · ·			
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STREET ADDRESS				EET ADORESS					1
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CIT	Y-ST-ZIP					_ <del></del>
IIILÉ · · · · · · ·		Delitte	Tit	Ļ				☐ Change	☐ Addition
NAME STREET ADDRESS		•	NA STE	ME REET ADDRESS					·
CITY-ST-ZIP				Y-ST-21P					
1 Of the cou	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	owered to execute this repor	t as regu	emption stated in S ature shall have the irred by Chapter 60	ection 119.07(3)( same legal effect 7, Florida Statute	i), Florida Statutes, t as if made under o s; and that my nam	I further cert oath; that I a e appears is	tify that the i am an officer n Block 10 o	nformation or director r Block 11 it
changed	, or on an attachment with an address,	with all other like empowered	1.	,			·- ~ 1\		400
SIGNAT	TURE: NOTTIAN	11/1/1/10/	do	mado	0.5	26/04	( <u>)</u>	677	9520

Roman A. Maldonado