2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State
07-14-2004 90005 032 ***158.75

DOCUMENT # P04000003501

1. Entity Name
ALPHA & OMEGA DRYWALL FINISHING, INC.

Principal Place of Business	Mailing Address
433 FOUNTAINHEAD CIR #189 KISSIMMEE, FL 34741	433 FOUNTAINHEAD CIR #189 KISSIMMEE, FL 34741

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2314 Saint Croix St	2314 Saint Croix St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34741 Country:	Zip: 34741 Country:

4. FEI Number: 56-2423741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEJIA, BRENDA 433 FOUNTAINHEAD CIR #189 KISSIMMEE, FL 34741	Name: Brenda Mejia Street Address (P.O. Box Number is Not Acceptable): 2314 Saint Croix Street City: Kissimmee 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: [signature] 7-7-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEJIA, BRENDA 433 FOUNTAINHEAD CIR #189 KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Brenda Mejia 2314 Saint Croix Street Kissimmee FL 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORELLANA, JOSE 433 FOUNTAINHEAD CIR #189 KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Officer Jose Orellana 2314 Saint Croix Street Kissimmee FL 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, ESAI 433 FOUNTAINHEAD CIR #189 KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Officer Jose Cruz 433Fountainhead Cir #290 Kissimmee FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 7-7-04 1-888-669-4547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #