

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 003 ***150.00

DOCUMENT # P04000010136					
1. Entity Name MJV DRYWALL, INC					
Principal Place of Business 5720 GULF CLUB PARKWAY ORLANDO, FL 32808			Mailing Address 5720 GULF CLUB PARKWAY ORLANDO, FL 32808		
2. Principal Place of Business 3103 PEIL MEIL OR			3. Mailing Address 3103 Peil Meil Or		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32818		Country Orange		4. FEI Number 20-0599015	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALERIANO, MODESTO 5720 GULF CLUB PARKWAY ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
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 P NAME VALERIANO, MODESTO STREET ADDRESS 5720 GULF CLUB PARKWAY CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME ZAMBRANO, MAYRA STREET ADDRESS 5720 GULF CLUB PARKWAY CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ZAMBRANO, MIGUEL A STREET ADDRESS 4313 BRITTANY RD CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ZAMBRANO, VICENTE STREET ADDRESS 4313 BRITTANY RD CITY-ST-ZIP ORLANDO, FL 32808	<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: _____ Date _____ Daytime Phone # _____					

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