



**-2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P04000013872 |  |
| 1. Entity Name L.R.A. DRYWALL FINISHER, INC. | |

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| Principal Place of Business 2349 N. CENTRAL AVE. APT. 203 KISSIMMEE, FL 34741 | Mailing Address 2349 N. CENTRAL AVE. APT. 203 KISSIMMEE, FL 34741 US |
|---|--|

DO NOT WRITE IN THIS SPACE



07072006 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 20-0647983 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**REYES, LUIS R
2349 N. CENTRAL AVE
APT. 203
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REYES, LUIS R 2349 N. CENTRAL AVE. APT. 209 KISSIMMEE, FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REYES, IRENE J 2349 N. CENTRAL AVE., APT. 209 KISSIMMEE, FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEJIA, LILLIAN 2349 N. CENTRAL AVE. APT. 209 KISSIMMEE, FL 34741 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U00000574438
08/16/06-80001-002-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/22/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #