


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90248 041 \*\*\*158.75

**DOCUMENT # P04000014198**

1. Entity Name  
**JUAN A ORELLANA DRYWALL FINISHER, INC.**



Principal Place of Business      Mailing Address

2373 NORTH CENTRAL AVENUE      2373 NORTH CENTRAL AVENUE  
 APT. B-120      APT. B-120  
 KISSIMMEE, FL 34741      KISSIMMEE, FL 34741

00006710

2. Principal Place of Business      3. Mailing Address

**1909 MARLBORO AVE**      **1909 MARLBORO AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01132006    Chg-P    CR2E034 (11/05)

City & State      City & State

**KISSIMMEE FL**      **KISSIMMEE FL**

Zip      Country      Zip      Country

**34744**      **Osceola**      **34744**      **Osceola**

4. FEI Number      Applied For

**20-0645759**      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

ORELLANA, JUAN A  
 2373 NORTH CENTRAL AVENUE  
 APT. B-120  
 KISSIMMEE, FL 34741

Name      **ORELLANA, JUAN A**

Street Address (P.O. Box Number is Not Acceptable)  
**1909 MARLBORO AVE**

City      **KISSIMMEE**      FL      Zip Code      **34744**

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]*      **JUAN A ORELLANA, PRESIDENT**      DATE: **1-13-2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORELLANA, JUAN A	NAME	
STREET ADDRESS	<del>2373 NORTH CENTRAL AVENUE, APT. B120</del>	STREET ADDRESS	<b>1909 MARLBORO AVE</b>
CITY-ST-ZIP	<del>KISSIMMEE, FL 34741</del>	CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORELLANA, CELINA M	NAME	
STREET ADDRESS	<del>2372 NORTH CENTRAL AVENUE APT B120</del>	STREET ADDRESS	<b>1909 MARLBORO AVE</b>
CITY-ST-ZIP	<del>KISSIMMEE, FL 34741</del>	CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHUCA CABRERA, EDITH YANIRA	NAME	<b>JOSE JESUS MACHUCA</b>
STREET ADDRESS	<del>2373 NORTH CENTRAL AVENUE, APT. B120</del>	STREET ADDRESS	<b>1909 MARLBORO AVE</b>
CITY-ST-ZIP	<del>KISSIMMEE, FL 34741</del>	CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELAYA, JUAN	NAME	
STREET ADDRESS	<del>2373 NORTH CENTRAL AVENUE APT B120</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>KISSIMMEE, FL 34741</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]*      **JUAN ORELLANA, PRES**      DATE: **1-13-06**      DAYTIME PHONE #: **407-334-4025**

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