

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90082 044 ***150.00

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1. Entity Name
CHICA DRYWALL, INC.



Principal Place of Business
2214 GRAND CAYMAN CT., APT. 1533
KISSIMMEE, FL 34741

Mailing Address
2214 GRAND CAYMAN CT., APT. 1533
KISSIMMEE, FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03092005

Chg-P

CR2E034 (10/03)

4. FEI Number

77-0618865

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

ROMERO, IGNACIO G
2214 GRAND CAYMAN CT., APT. 1533
KISSIMMEE, FL 34741

Name
Jose B. Chica

Street Address (P.O. Box Number is Not Acceptable)

2214 GRAN CAYMAN Apt 1533

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 JOSE B. CHICA
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
After May 1, 2005 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 D ☒ Delete
NAME ROMERO, IGNACIO J
STREET ADDRESS 2214 GRAND CAYMAN CT., APT. 1533
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D ☐ Change ☒ Addition
NAME Jose B. Chica
STREET ADDRESS 2214 GRAN CAYMAN Apt. 1533
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D ☒ Delete
NAME MENDEZ, ISRAEL V
STREET ADDRESS 2208 ANTIQUA PL #928
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME AVELAR, ANDRESE
STREET ADDRESS 2208 ANTIQUA PLACE - #928
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JOSE B. CHICA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05

Date

Daytime Phone #