

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90068 026 \*\*\*150.00

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**DOCUMENT # P04000021260**

1. Entity Name  
**UNIVERSAL DRYWALL INC.**



Principal Place of Business  
**326 LOYD LANE  
OVIEDO, FL 32765**

Mailing Address  
**326 LOYD LANE  
OVIEDO, FL 32765**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0851557**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MIRANDA, JOE  
326 LOYD LANE  
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent  
Name **Leonel A. Miranda**  
Street Address (P.O. Box Number is Not Acceptable)  
**1925 E. Chapel Dr.**  
City **DelTona** FL Zip Code **32738**

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 *Leonel A. Miranda* 1/13/05  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, LEONEL R 108 SIDNEY STREET NEW BEDFORD, MA 02740 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leonel A. Miranda 1925 E. Chapel Dr. DelTona, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOCARMO, HUGO 108 SIDNEY STREET NEW BEDFORD, MA 02740 <input checked="" 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	V COSTA, JOSE 108 SIDNEY STREET NEW BEDFORD, MA 02740 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Jose Costa 108 Sidney St. New
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
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 *Leonel A. Miranda* **Leonel A. Miranda** 4/20/05  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-470-2158