

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034102

Entity Name: M.A.O. DRYWALL, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1719 NORTH CENTRAL AV
APT 39
KISSIMMEE, FL 34741 US

New Principal Place of Business:

1017 GOLFSIDE CT
KISSIMMEE, FL 34741 US

Current Mailing Address:

1719 NORTH CENTRAL AV
APT 39
KISSIMMEE, FL 34741 US

New Mailing Address:

1017 GOLFSIDE CT
KISSIMMEE, FL 34741 US

FEI Number: 20-0768608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORDONEZ, MARIO A
1719 NORTH CENTRAL AV
APT 39
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ORDONEZ, MARIO A
1017 GOLFSIDE CT
KISSIMMEE, FL 34741 US

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.

SIGNATURE: MARIO ORDONEZ

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORDONEZ, MARIO A
Address: 1719 NORTH CENTRAL AV APT 39
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP () Delete
Name: ALVAREZ, JUAN J
Address: 1719 NORTH CENTRAL AV APT 39
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S () Delete
Name: GOMEZ, ANTHONY M
Address: 1719 NORTH CENTRAL AV APT 39
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ORDONEZ, CANDELARIA O
Address: 1017 GOLFSIDE CT
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S (X) Change () Addition
Name: SANCHEZ, JUAN F
Address: 1017 GOLFSIDE CT
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO ORDONEZ

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date