

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037499

FILED
Jan 20, 2005
Secretary of State

Entity Name: SANTOS PEREZ DRYWALL, INC.

Current Principal Place of Business:

3579 STAR SHOWER CT
KISSIMMEE, FL 34744

New Principal Place of Business:

320 SAINT ANNE SHRINE RD.
LAKE WALES, FL 33898

Current Mailing Address:

3579 STAR SHOWER CT
KISSIMMEE, FL 34744

New Mailing Address:

320 SAINT ANNE SHRINE RD.
LAKE WALES, FL 33898

FEI Number: 73-1694229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, SANTOS
3579 STAR SHOWER CT
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

PEREZ, SANTOS
320 SAINT ANNE SHRINE RD.
LAKE WALES, FL 33898 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: SANTOS PEREZ

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, SANTOS
Address: 3579 STAR SHOWER CT
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD () Delete
Name: DURAN, MANUEL
Address: 3579 STAR SHOWER CT
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: DURAN, JUAN PABLO
Address: 3579 STAR SHOWER CT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, SANTOS
Address: 320 SAINT ANNE SHRINE RD.
City-St-Zip: LAKE WALES, FL 33898

Title: VPD (X) Change () Addition
Name: DURAN, MANUEL
Address: 320 SAINT ANNE SHRINE RD.
City-St-Zip: LAKE WALES, FL 33898

Title: TD (X) Change () Addition
Name: DURAN, JUAN PABLO
Address: 320 SAINT ANNE SHRINE RD.
City-St-Zip: LAKE WALES, FL 33898

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: SANTOS PEREZ

PD

01/20/2005

Electronic Signature of Signing Officer or Director

Date