## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000037499

**Current Principal Place of Business:** 

Entity Name: SANTOS PEREZ DRYWALL, INC.

FILED Jan 09, 2008 Secretary of State

320 SAINT ANNE SHRINE LAKE WALES, FL 33898	ERD.			
Current Mailing Address:		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:		Name and Address of N	Name and Address of New Registered Agent:	
PEREZ, SANTOS 320 SAINT ANNE SHRINE LAKE WALES, FL 33898	ERD. US	ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725 US	5	
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.				

Title:

**New Principal Place of Business:** 

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

Title:

SIGNATURE: NOELLE KELLY

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

01/09/2008

Date

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 01/09/2008