

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90150 029 ***150.00

DOCUMENT # P04000041184

1. Entity Name
SERRATO DRYWALL INC



Principal Place of Business
**5889 S. HIGHWAY 17
ARCADIA, FL 34266**

Mailing Address
**P.O. BOX 1511
NOCATEE, FL 34268**

50008996



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0831607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TENORIO, LUIS
5889 S. HIGHWAY 17
ARACDIA, FL 34266**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENORIO, LUIS A 5889 S. HIGHWAY 17 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TENORIO, JORGE 5889 S. HIGHWAY 17 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TENORIO, FELIPE JR. 5889 S. HIGHWAY 17 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A. Tenorio

4/3/06

991-321-2473

Date

Daytime Phone #