

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90204 030 ***150.00

DOCUMENT # P04000049246	
1. Entity Name BARRERAS DRYWALL, INC.	



Principal Place of Business 1217 BERMUDA LAKE LANE APT 103 KISSIMMEE, FL 34741	Mailing Address 1217 BERMUDA LAKE LANE APT 103 KISSIMMEE, FL 34741
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2. Principal Place of Business 319 Buttonwood Dr. Suite, Apt. #, etc.	3. Mailing Address 319 Buttonwood Dr. Suite, Apt. #, etc.
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City & State Kissimmee, FL	City & State Kissimmee, FL
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Zip 34743	Country USA	Zip 34743	Country
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40055645



03092006 Chg-P CR2E034 (11/05)

4. FEI Number 54-2452434		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARRERA, ZULMA L 1217 BERMUDA LAKE LANE APT 103 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Zulma L. Barrera Street Address (P.O. Box Number is Not Acceptable) 319 Buttonwood Dr. City Kissimmee, FL Zip Code 34743

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 X Noel Barrera	DATE 04/17/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRERA, NOE N/A 1217 BERMUDA LAKE LANE APT 103 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barrera, Noel 319 Buttonwood Dr. Kissimmee, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRERA, OSMAN R N/A 1217 BERMUDA LAKE LN APT 103 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Barrera, Osman R 319 Buttonwood Dr. Kissimmee, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CL BARRERA, ZULMA L N/A 1217 BERMUDA LAKE LANE APT 103 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CL Barrera, Zulma L 319 Buttonwood Dr. Kissimmee, FL 34743 <input checked="" 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
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 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: X Noel Barrera	Date 3/15/06	Daytime Phone # (407) 433-9395
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