


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90988 004 \*\*\*150.00

**DOCUMENT # P04000056751**

1. Entity Name  
 IPYS DRYWALL, INC.



Principal Place of Business  
 16301 SW 70 ST  
 MIAMI, FL 33193

Mailing Address  
 16301 SW 70 ST  
 MIAMI, FL 33193

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

14015497



03072005 Chg-P CR2E034 (10/03)

4. FEI Number  
**56-2448651**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

YUPANQUI, IVAN  
 16301 SW 70 ST  
 MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YUPANQUI, IVAN	
STREET ADDRESS	16301 SW 70 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	<del>VP</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>GOMEZ, JUAN C</del>	
STREET ADDRESS	<del>16301 SW 70 ST</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33193</del>	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>PEREDES, ALBERTO</del>	
STREET ADDRESS	<del>16301 SW 70 ST</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33193</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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*  **IVAN P. YUPANQUI** 3/7/05 (305)219-4920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #