2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# P04000057284

Entity Name: A & N SALAZAR DRYWALL CORP

Current Principal Place of Business:

3994 MELISSAS LANE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

3994 MELISSAS LANE
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 20-0951433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALAZAR, NOEMI
3994 MELISSAS LANE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALAZAR, NOEMI
Address: 3994 MELISSAS LANE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Delete
Name: SALAZAR, ARTURO
Address: 3994 MELISSAS LANE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete
Name: QUIJANO-MARTINEZ, JUAN C
Address: 5800 BARNES ST
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D ( ) Delete
Name: RAMIREZ, REMIGIO
Address: 5800 BARNES ST
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: QUIJANO-MARTINEZ, JUAN C
Address: 5800 BARNES ST APT 155
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D (X) Change ( ) Addition
Name: VEGA, JOEL
Address: 5800 BARNES ST APT 155
City-St-Zip: JACKSONVILLE, FL 32216 US

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: NOEMI SALAZAR PRES 05/12/2005

Electronic Signature of Signing Officer or Director Date