

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057284

FILED  
May 18, 2006  
Secretary of State

Entity Name: A & N SALAZAR DRYWALL CORP

## Current Principal Place of Business:

3994 MELISSAS LANE  
MIDDLEBURG, FL 32068 US

## New Principal Place of Business:

2418 STONEHAVEN W CT  
ORANGE PARK, FL 32065 US

## Current Mailing Address:

3994 MELISSAS LANE  
MIDDLEBURG, FL 32068 US

## New Mailing Address:

2418 STONEHAVEN W CT  
ORANGE PARK, FL 32065 US

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:

SALAZAR, NOEMI  
2418 STONEHAVEN W CT  
ORANGE PARK, FL 32065 US

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: NOEMI SALAZAR

05/18/2006

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 APT 155  
City-St-Zip: JACKSONVILLE, FL 32216 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SALAZAR, NOEMI  
Address: 2418 STONEHAVEN W CT  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: VP (X) Change ( ) Addition  
Name: SALAZAR, ARTURO  
Address: 2418 STONEHAVEN W CT  
City-St-Zip: ORANGE PARK, FL 32065 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NOEMI SALAZAR

P

05/18/2006

Electronic Signature of Signing Officer or Director

Date