

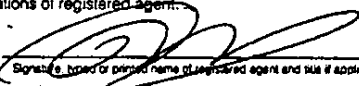
2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-24-2005 90002 013 ***150.00
P04000062235

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000062235					
1. Entity Name M-A-R-D FRAMING DRYWALL, INC.					
Principal Place of Business 136 22ND STREET NORTH HAINES CITY, FL 33844 US			Mailing Address 136 22ND STREET NORTH HAINES CITY, FL 33844 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-101369	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent YBARRA, JOE 8649 FOR JEFFERSON BLVD ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name: MARTIN CRUZ Street Address (P.O. Box Number is Not Acceptable): 136 22nd ST North. City: HAINES CITY FL Zip Code: 32844	
6. 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: 11/21/05 Signature typed or printed name of registered agent and sue 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CRUZ, MARTIN		NAME		
STREET ADDRESS	136 22ND STREET NORTH		STREET ADDRESS		
CITY - ST - ZIP	HAINES CITY, FL 32844		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RIVAS, OSCAR		NAME		
STREET ADDRESS	PO BOX 1021		STREET ADDRESS		
CITY - ST - ZIP	INTERCESSION CITY, FL 33848		CITY - ST - ZIP		
TITLE	SEC	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUBALCABA, ROBERTO		NAME		
STREET ADDRESS	136 22ND STREET NORTH		STREET ADDRESS		
CITY - ST - ZIP	HAINES CITY, FL 32844		CITY - ST - ZIP		
TITLE	TREA	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DE DIOS, RUBEN		NAME		
STREET ADDRESS	136 22ND STREET NORTH		STREET ADDRESS		
CITY - ST - ZIP	HAINES CITY, FL 32844		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  DATE: 11/21/05 863 419-9450 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



04212005 Chg-P CR2E034 (10/03)

4. FEI Number
20-101369

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

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	☐ Delete
NAME	CRUZ, MARTIN	
STREET ADDRESS	136 22ND STREET NORTH	
CITY - ST - ZIP	HAINES CITY, FL 32844	
TITLE	VP	☐ Delete
NAME	RIVAS, OSCAR	
STREET ADDRESS	PO BOX 1021	
CITY - ST - ZIP	INTERCESSION CITY, FL 33848	
TITLE	SEC	☒ Delete
NAME	RUBALCABA, ROBERTO	
STREET ADDRESS	136 22ND STREET NORTH	
CITY - ST - ZIP	HAINES CITY, FL 32844	
TITLE	TREA	☒ Delete
NAME	DE DIOS, RUBEN	
STREET ADDRESS	136 22ND STREET NORTH	
CITY - ST - ZIP	HAINES CITY, FL 32844	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #