FILED
Apr 18, 2006 8:00 am
Secretary of State
02-27-2006 90085 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000134877

1. Entity Name
RB DRYWALL INC.

66010650

Principal Place of Business	Mailing Address
1098 PERSIAN LN HOUSE SEBASTIAN FL 32958	1098 PERSIAN LN HOUSE SEBASTIAN FL 32958

2. Principal Place of Business	3. Mailing Address
1098 PERSIAN LN	1098 PERSIAN LN
Suite, Apt. #, etc.: HOUSE	Suite, Apt. #, etc.: HOUSE
City & State: SEBASTIAN	City & State: SEBASTIAN
Zip: 32958 Country: USA	Zip: 32958 Country: USA

1st MOORE CR2E034 (10/05)

4. FEI Number 134288617 / 134288512 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALLEJOS, RICARDO
5789 ITHACA CIRCLE EAST
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name: RICARDO VALLEJOS
Street Address (P.O. Box Number is Not Acceptable): 1098 PERSIAN LN
SEBASTIAN
City: Sebastian FL Zip Code: 32958

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 ____________ 2/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	D VALLEJOS, RICARDO 5789 ITHACA CIRCLE EAST LAKE WORTH FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #