2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

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DOCUMENT # P05000108513 1. Entity Name RODEO DRYWALL, INC.						04-27-2006 9	-		
Principal Plac	e of Business	Mailing Address	•		1 ,	111111111111111111111111111111111111111	•		
6030 150TH AVE N LOT 26 CLEARWATER, FL 33760		6030 150TH AVE N LOT 26 CLEARWATER, FL 33760		:•	110011001111			1 2 11 2 1 11 2 2 2 11	(1881 at 184 1)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172006	04172006 Chg-P CR2E034 (11/05)			
City & State		City & State			4. FEI Numbe	253028		_ 	plied For t Applicable
Zip	Country	Zip	Country			of Status Desired		8.75 Add	fitional
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	gistered A	ent	
ESTRADA, ROSA						****			
6030 150T	H AVE N LOT 26 TER, FL 33760		Street Ac	Address (P.O. Box Number is Not Acceptable)					
			City					Zip Code	
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.				register	ed agent, or bot	h, in the State of Flor	FL rida, I am fa	1 '	
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees		<u> </u>		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND (DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTRADA, ROSA 6030 150TH AVE N LOT 26 CLEAWATER, FL 33760	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACHECO, CRISTOBAL 6030 150TH AVE N LOT 26 CLEAWATER, FL 33760	□ 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
TITLE NAME STREET AODRESS CITY-ST-ZIP	19 77 10 1	☐ 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				I	☐ Change	☐ Addition
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 Chapter 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.