2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111552

1. Entity Name
CAMACHO DRYWALL INC.



FILED May 25, 2007 08:00 A Secretary of State

Principal Place of Business

1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511 Mailing Address

1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511



DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1256332 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMACHO, JORGE L 1509 GULFSFTREAM CIR SUITE 301 BRANDON, FL 33511 DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpo- tions of registered agent.	se of changing its registere	d office or re	gistered agent,	or both, in the S	tate of Florida. I a	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applic	cable (NOTE Registered	Acent elonatura	required when reinstati	00)	DATI	<u> </u>
FIL After Ma		Election Campaign Finan Trust Fund Contribution.		\$5.00 May E Added to Fees	Be	JAII	•
10.	OFFICERS AND DIRECTOR	rs I		^ \	18 18 18 18 18 18 18 18 18 18 18 18 18 1		CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMACHO, JORGE L 1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511					J000007651 01/07 - 800	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	. 4 27 6 38 4	SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 reserver 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/1107 × 03-356-969