



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90355 021 ***150.00

DOCUMENT # P05000111552 1. Entity Name CAMACHO DRYWALL INC.					
Principal Place of Business 1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511			Mailing Address 1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # 810 LIMONA RD Suite, Apt. #, etc.		3. Mailing Address 810 LIMONA RD Suite, Apt. #, etc.		100000010 	
City & State BRANDON FL Zip 33510 Country US		City & State BRANDON FL Zip 33510 Country US		4. FEI Number 65-1256332	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAMACHO, JORGE L 1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 810 LIMONA RD City BRANDON FL Zip Code 33511		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CAMACHO, JORGE L 1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	810 LIMONA RD BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, ALMA 1509 GULFSTREAM CIR SUITE 301 BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	810 LIMONA RD BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-23-08 Daytime Phone # 813-356-9699		