## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000128694

Title:

Name:

Address:

City-St-Zip:

FILED Apr 13, 2007 Secretary of State

Entity Nai	me: TEQUILA	A DRYWALL INC				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2900 W FINDLAND DR DELTONA, FL 32725				2169 N NORMANDY BLVD DELTONA, FL 32725 US		
Current Mailing Address:			New Mailing Address:			
	ORMANDY BL A, FL 32725	VD US				
FEI Number: 20-3475180 FEI Number Applied For ( )		FEI Number Not App	plicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
2169 N. N	, FLORENTIN ORMANDY BL 3, FL 32725					
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( BARAJAS, FLO 1900 W FINLA DELTONA, FL	ND DR	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BARAJAS, FLORENTINO 2169 N. NORMANDY BLVD DELTONA, FL 32725		
Title: Name: Address: City-St-Zip:	D ( BARAJAS-VER 2169 N. NORM DELTONA, FL	IANDY BLVD.	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition BARAJAS-VERA, HUGO 2169 N. NORMANDY BLVD. DELTONA, FL 32725		
Title: Name: Address: City-St-Zip:	VD ( RIVERA, JOSE 1900 W FINLA DELTONA FI	ND DR	Title: Name: Address: City-St-Zin:	S (X) Change ( ) Addition DE LA TORE RUIZ, ARTURO 2169 N .NORMANDY BLVD DELTONA EL 32725 US		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FLORENTINO BARAJAS Ρ 04/13/2007

(X) Delete

BARAJAS-VERA, HUGO

DELTONA, FL 32725

2169 N. NORMANDY BLV

() Change () Addition