05/14/07 01074 001 39725

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL ĶEPUK I					FT 7 F	h		
DOCUMENT # P05000166367								
Entity Name TITO FINISH DRYWALL CORPORATION					07 JUN 15 AM 8: 32			
Principal Place of Business Mailing Address					URE IMAY LEAHASSE	OF STATE F. FLORIDA		
	AKE ANOKA BLVD 1008 S LAKE ANOKA BLVD RK, FL 33825 US AVON PARK, FL 33825 US							
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					# 88181 61111 88111 88111 48181 1	 	IIII II II III	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2018 King Or								
Suite, Apt. #, etc.				06132007	Chg-P	CR2E034 (12/06)		
City & Stat	ate City & State			4. FEI Num	2065129		pplied For	
Zip	Country	3 ²¹⁹ 600	Country	5. Certificat	e of Status Desired	□ \$8.75 Add		
6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent				
VILLATORO, GREGORIO R								
				eet Address (P.O. Box Number is Not Acceptable)				
7.00.0.77.0.0,7.2 33323				3018 King Or.				
CitySelor					ath, in the State of Flori	FL Zipcod	2000	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00					In accordance wit	h s. 607.193(2)(b),	F.S., the	
Due by September 14, 2007 Trust Fund Contribution. ☐ Added					corporation did no	ot receive the prior r	notice.	
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 11	
NAME	VILLATORO, GREGORIO R	E Delete	NAME	Onlo in	_	<u> П снапус</u>	Addition	
STREET ADDRESS CITY-ST-ZIP	1008 S. LAKE ANOKA BLVD AVON PARK, FL 33825		STREET ADDRESS CITY-ST-ZIP	Scloring	FC 32871	>		
TITLE NAME	VP VILLATORO, JOSE V	☐ Delete	TITLE NAME	0.		☐ Change	Addition	
STREET ADDRESS	1008 S. LAKE ANOKA BLVD STRE			3018 King	_{Σ.} ρr.			
CITY-ST-ZIP TITLE	AVON PARK, FL 33825	☐ Delete	CITY-ST-ZIP	Sepring.	FL 33870	Change	Addition	
NAME STREET ADDRESS	ATILO, RICARDO NAMI			ADDRESS 3018 King Dr. ST-ZIP Selbring PL 33870				
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	Selbring,	PL 33670	<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME	_		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				}	
TITLE		☐ Delete	TITLÉ			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE			Change	Addition	
NAME		00000	NAME			onenge		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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 officier or director of the contraction of the required of the contraction of the required of the required of the contraction of the required of the required of the contraction of the required of								
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: 6 COOTID & UI (10+10) (0-10) 450-010/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayture Proce #								
						, >,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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