

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90042 036 ***150.00

DOCUMENT # P06000130226

1. Entity Name
SAMUEL & JENNY DRYWALL INC



Principal Place of Business
**3390 NE 16 TERRACE
SUITE 4
POMPANO BEACH, FL 33064**

Mailing Address
**3390 NE 16 TERRACE
SUITE 4
POMPANO BEACH, FL 33064**

40102989



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11456 NW 45 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007 Chg-P CR2E034 (12/06)

City & State

City & State **Coral Sp FL**

4. FEI Number
20-5803730

Applied For
Not Applicable

Zip

Country

Zip

33064

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLAFUERTE, SAMUEL
3390 NE 16 TERRACE
SUITE 4
POMPANO BEACH, FL 33064**

Name **Villafuerte Samuel**

Street Address (P.O. Box Number is Not Acceptable)
11456 NW 45 ST

City **Coral Sp**

FL

Zip Code
33064

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VILLAFUERTE, SAMUEL**
STREET ADDRESS **3390 NE 16 TERRACE SUITE 4**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME **Villafuerte Samuel**
STREET ADDRESS **11456 NW 45 ST**
CITY-ST-ZIP **Coral Springs FL 33064**

TITLE **VP** ☐ Delete
NAME **CASTILLO, YENNY**
STREET ADDRESS **3390 NE 16 TERRACE SUITE 4**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME **Castillo Yenny**
STREET ADDRESS **11456 NW 45 ST**
CITY-ST-ZIP **Coral Sp FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

Daytime Phone #