


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000141285		
1. Entity Name CUBA PROFESSIONAL DRYWALL & FINISHING CORP.		

FILED

07 DEC 28 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12172007 REIN-P CR2E098 (1/07)

Principal Place of Business 172 LANIER RD HAVANA, FL 32333	Mailing Address 172 LANIER RD HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box # 172 S Lanier Rd Suite, Apt. #, etc.	3. Mailing Address 172 S Lanier Rd Suite, Apt. #, etc.
City & State Havana, FL	City & State Havana FL
Zip 32333	Country US

4. FEI Number 26-1633105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

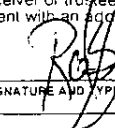
6. Name and Address of Current Registered Agent CORREA, ROBERTO JR 172 LANIER RD HAVANA, FL 32333	
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7. Name and Address of New Registered Agent Name: Gilberto Alvarez Street Address (P.O. Box Number is Not Acceptable): 28424 Blue Star Hwy City: Havana FL Zip Code: 32333	
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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: 	DATE: 12/27/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CORREA, ROBERTO JR 172 LANIER RD HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Gilberto Alvarez 28424 Blue Star Hwy Havana FL, 32333 <input type="checkbox"/> Delete	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	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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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: 	DATE: 12/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	