

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90001 016 \*\*\*150.00

<b>DOCUMENT # P06000141738</b> 1. Entity Name <b>CBA DRYWALL, INC.</b>					
Principal Place of Business <b>2200 WEST 80 ST BAY 5 HIALEAH, FL 33016 US</b>			Mailing Address <b>2200 WEST 80 ST BAY 5 HIALEAH, FL 33016 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRAVO, CHARLES PR 251 PALM CIRCLE WEST, #102 HOLLYWOOD, FL 33026</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <b>BRAVO, CHARLES PRES</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>251 PALM CIRCLE WEST, #102</b>		NAME		
STREET ADDRESS	<b>HOLLYWOOD, FL 33026</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V <b>BRAVO, CHARLES J VP</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>251 PALM CIRCLE WEST, #102</b>		NAME		
STREET ADDRESS	<b>HOLLYWOOD, FL 33026</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TRES <b>BRAVO, SAMUEL TRES</b> <input type="checkbox"/> Delete		TITLE	Vice-President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>10900 SW 88 AVE</b>		NAME	<b>Bravo, Samuel</b>	
STREET ADDRESS	<b>MIAMI, FL 33176</b>		STREET ADDRESS	<b>10900 S.W. 88 AVE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami FL 33176</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the address with all other like empowered.					
<b>SIGNATURE:</b>			<b>6-5-2008</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		