

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056083

FILED
Apr 26, 2004
Secretary of State

Entity Name: MIAMI STUCCO AND DRYWALL ENTERPRISES INC.

Current Principal Place of Business:

6305 GAGE PLACE #203
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6305 GAGE PLACE #203
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0636863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, NANCY
6305 GAGE PLACE #203
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTILLO, NANCY
Address: 6305 GAGE PLACE #203
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: CASTILLO, ALBERT
Address: 6305 GAGE PLACE #203
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CASTILLO, ALBERT
Address: 6305 GAGE PLACE #203
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: NANCY CASTILLO

P

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date