
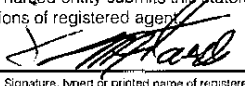
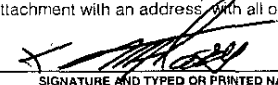


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90062 020 \*\*\*150.00

<b>DOCUMENT # P97000035067</b> 1. Entity Name <b>M.F. FLORES DRYWALL FINISH, INC.</b>																																																																																																																																			
Principal Place of Business <b>5100 SW 6TH STREET MARGATE, FL 33068</b>			Mailing Address <b>5100 SW 6TH STREET MARGATE, FL 33068</b>																																																																																																																																
2. Principal Place of Business <b>10045 175th Rd N.</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State <b>JUPITER FL</b>			City & State _____																																																																																																																																
Zip <b>33478</b>			Country _____																																																																																																																																
4. FEI Number <b>65-0745424</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																																																																																																																																
6. Name and Address of Current Registered Agent  <b>FLORES, MANUEL 5100 SW 6TH STREET MARGATE, FL 33068</b>			7. Name and Address of New Registered Agent Name <b>FLORES MANUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>10045 175th Rd N.</b> City <b>JUPITER</b> <b>FL</b> Zip Code <b>33478</b>																																																																																																																																
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 <b>3/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3/30/04</b> (561) 746 8930 <small>Daytime Phone #</small>																																																																																																																															

**54029631**

