NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

## 2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** May 01, 2007 08:00 A Secretary of State DOCUMENT # P98000062815 1. Entity Name BROWN'S DRYWALL FINISHING, INC. Principal Place of Business Mailing Address 19674 NW 49 COURT 19674 NW 49 COURT MIAMI. FL 33065 MIAMI, FL 33065 04222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0851151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, SELVIN DO NOT WRITE 19674 NW 49 COURT MIAMI, FL 33065 IN THIS SPACE 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. U000008750321 SIGNATURE. 05/18/07<del>-80066-017-8.75</del> Signature, typed or printed name of registered agent and trite if applicable. (NOTE: Registored Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000750321 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/18/07-80056-016 150.00 OFFICERS AND DIRECTORS 10. PVST TITLE BROWN, SELVIN NAME . STREET ADDRESS 19674 NW 49 COURT CITY-ST-ZIP MIAMI, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:	Selvin	Brown		4/1	8/07
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FFICER OR DIRECTOR	Date /	Daytime Phone 6