2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000077461

1. Entity Name

MENDEZ BROTHERS DRYWALL INC.



Principal Place of Business 17360 S.W. 232ND STREET LOT #71 MIAMI, FL 33170 Mailing Address

17360 S.W. 232ND STREET LOT #71

MIAMI, FL 33170

FILED May 24, 2004 8:00 am Secretary of State

05-24-2004 90004 008 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0860656 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MENDEZ, DANIEL 17360 S.W. 232ND STREET LOT #71 MIAMI, FL 33170

CITY-ST-ZIP

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	named entity submits this statement for the parties of registered agent.	ourpose of changing its re	gistered office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: R	egistered Agent signature	required when reinstating)	DATE
	LE NOWIH FEE IS \$150.00 ue by September 8, 2004	Election Campaign Trust Fund Contrib	· · ·	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR OF THE PARTY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENDEZ, DANIEL 17360 S.W. 232ND STREET, LOT 71 MIAMI, FL 33170		H.		
TITLE NAME	VD MENDEZ, ALEJANDRO				

STREET ADDRESS 1060 N.W. 12TH STREET CITY-ST-ZIP MIAMI, FL 33030 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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: 4 DANGE MENO SON CONTROL SIGNATURE AND TYPED OR PRINTED MAIRE OF SIGNING OFFICE FOR DIRECTOR

5-20-04

32458635

Daytime Phone #