## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 05, 2005 8:00 am Secretary of State 05-05-2005 90095 023 \*\*\*150.00

DOCUMENT # P990000159/1  1. Entity Name PIZARRO DRYWALL, INC.							)	03-03-20	03 90093 (	)23 * * * 1	30.00
Principal Place of Business 9470 TONI DR MIAMI, FL 33157 US			9	Mailing Address 9470 TONI DR MIAMI, FL 33157 US			40083078				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04282005	Chg-P	CR2E03	4 (10/03)	
City & State			7	City & State			4. FEI Numb			i	plied For t Applicable
Zìp	Country			Zip Coun		try	5. Certificate	of Status Desired		8.75 Addi	
6. Name and Address of Current Regis							7. Name and Address of New Registered Agent				
PIZARRO, JERONIMO 9470 TONI DRIVE MIAMI, FL 33157					Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	<del>,</del>
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ									DATE		——
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.						Ā	5.00 May Be dded to Fees				
10.	PD	OFFICERS A	ND DIREC		11.		ADDITIONS	CHANGES TO OF		DIRECTORS  ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i e			☐ Delete	nav Stri	1				□ Change	Xadalaan
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			,			☐ Change	Addition
TITLE NAME STREET ADORESS CITY+ST-ZIP				□ Delete		<b>I</b>				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>				☐ Change	Addition
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 truesce-emptivement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on a state-through with all others, with all other like empowered.											

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR