


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 017 ***150.00

DOCUMENT # P99000041153		
1. Entity Name J.M.F. DRY WALL INC.		

Principal Place of Business 6309 FUNSTON ST 33023, FL 33314 US	Mailing Address 6309 FUNSTON ST 33023, FL 33314 US
--	--

40049684



2. Principal Place of Business - No P.O. Box # 8013 W 6 AVE F	3. Mailing Address 8013 W 6 AVE F
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152007 Chg-P CR2E034 (12/06)

City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33014	Zip 33014
Country USA	Country USA

4. FEI Number 65-0920256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FUENTES, JUAN M 6309 FUNSTON ST HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent Name FUENTES, JUAN M Street Address (P.O. Box Number is Not Acceptable) 8013 W 6 AVE F City MIAMI BEACH FL Zip Code 33014

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 **4/1/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS FUENTES, JUAN 6309 FUNSTON ST HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS FUENTES, JUAN M 8013 W 6 AVE F MIAMI BEACH FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: _____ DATE **4/1/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR