

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90039 049 ***150.00

DOCUMENT # V52459

1. Entity Name
MASTERLY DRYWALL CORPORATION



Principal Place of Business
**1800 W 49 ST
334
HIALEAH, FL 33012**

Mailing Address

**1800 W 49 ST
334
HIALEAH, FL 33012**

2. Principal Place of Business

3. Mailing Address

15096 SW 104 STREET



Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1101

05102006

Chg-P

CR2E034 (11/05)

City & State

City & State

MIAMI FL

4. FEI Number

65-0347826

Applied For

Not Applicable

Zip

Country

Zip

33196

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE LA TORRE, JULIAN B
14472 S.W. 168 STREET
MIAMI, FL 33177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15096 SW 104 STREET

City

MIAMI

FL

Zip Code

33196

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DE LA TORRE, JULIAN B
14472 S.W. 168 STREET
MIAMI, FL 33177**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**15096 SW 104 STREET
MIAMI FL 33196**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julian B de la Torre

5-10-06 205-426-2400