2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATÙRE

Feb 27, 2004 08:00 AM **DOCUMENT # 392166** Secretary of State 1. Entity Name UNIVERSAL DRYWALL AND PLASTERING, INC. Principal Place of Business Mailing Address 6110 PEMBROKE ROAD 6110 PEMBROKE ROAD MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Marino Address Suite, Apt. #, etc. Suite Apt #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-1318554 Not Applicable \$8.75 Additional Zin Country Zφ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANCE, RUBLE Street Address (P.O. Box Number is Not Acceptable) 6110 PEMBROKE ROAD MIRAMAR FL 33023 City Zip Code FL 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 whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campalgn Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MLE PD Defete THE ☐ Change Addition RUBLE, LANCE S NAME NAME 0<u>78</u>630000000 10891 DENVER DR. STREET ADDRESS STREET ADDRESS M2/27/04-80057-024 150.00 CITY -ST-ZIP COOPER CITY FL CITY-ST-ZIP TITLE ☐ Delete THE Change Addition: GALDORISE, MARIA NAME NAME STREET ADDRESS 5010 S.W. 29TH WAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY - ST - ZIP ☐ Belete TITLE Change Addition TITLE NAME WILLIAMS, ENGLEBRECHT NAME STREET ADDRESS STREET ADDRESS 5711 BRIARWOOD WAY CHY-ST-ZIP CITY-SI-ZIP DAVIE FL TITLE Delete ☐ Change Addition MAME ASSESSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME MALIE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHTY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 out; 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.

FILED