2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K69549

1. Entity Name
R.C.L. DRYWALL CORPORATION

Principal Place of Business	Mailing Address
20438 SW 85TH AVE MIAMI, FL 33189 · US	20438 SW 85TH AVE MIAMI, FL 33189 US

DO NOT WRITE IN THIS SPACE

03222008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0094174	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CACERS, RAMON A
20438 SW 85 AVE
MIAMI, FL 33189

DO NOT WRITE
IN THIS SPACE

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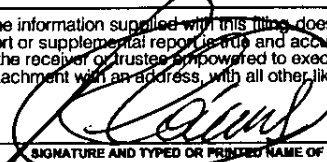
SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000878542 04/14/08-80059-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVS
NAME	CACERES, RAMON, A.
STREET ADDRESS	20438 SW 85TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	CACERES, RAMON, A.
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   04-01-08   (305) 253 401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #