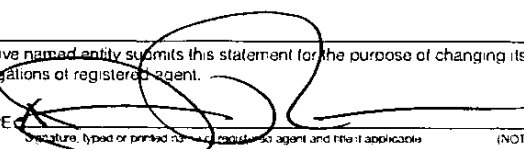
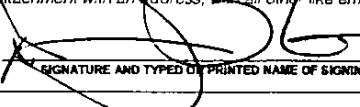


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90023 035 ***150.00

DOCUMENT # P00000007447 1. Entity Name ROMAN DRYWALL, INC.					
Principal Place of Business 645 SW 5TH STREET FLORIDA CITY, FL 33034			Mailing Address 645 SW 5TH STREET FLORIDA CITY, FL 33034		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 65-0979282				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMAN, JUAN 645 SW 5TH STREET FLORIDA CITY, FL 33034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when translating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROMAN, JUAN 645 SW 5TH STREET FLORIDA CITY, FL 33034	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD RODRIGUEZ, LUIS 645 SW 5TH STREET FLORIDA CITY, FL 33034	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROMAN, MAYRA 645 SW 5TH STREET FLORIDA CITY, FL 33034	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT PIZZASO, JORGE 670 SW 6 TERRACE HOMESTEAD, FL 33034	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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 507, 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: _____ Daytime Phone #: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					