2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

May 07, 2004 8:00 am Secretary of State DOCUMENT # P00000074150 1. Entity Name 05-07-2004 90136 046 ***150.00 JORGE VARONA DRYWALL, INC. Mailing Address Principal Place of Business 735 NW 133 CT 735 NW 133 CT **MIAMI FL 33182 MIAMI FL 33182** 2. Principal Place of Business 3. Mailing Address 6238 SW 16238 SW 65LANE 65 LANE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-1029416 MLAMI MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARONA, JORGE Street Address (P.O. Box Number is Not Acceptable) 735 NW 133 CT **MIAMI FL 33182** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE NEW ADDRESS ☐ Addition TITLE VARONA, JORGE E NAME NAME 16238 SW 65LAHE STREET ADDRESS 735 NW 133 CT STREET ADDRESS MIAM F1. 33193 MIAMI FL 33182 CITY-ST-7IP CITY-ST-ZIE VD ☐ Delete TITLE Addition TITLE NEW ADDRESS VARONA, JORGE E JR NAME NAME 16238 SW 65 LANE 735 NW 133 CT STREET ADDRESS STREET ADDRESS MIAMI Fl. 33193 MIAMI FL 33182 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEF ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

attachment

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