2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P01000005090 1. Entity Name D.G DRYWALL, INC. Principal Place of Business Mailing Address 7713 SW 9TH STREET 7713 SW 9TH STREET N LAUDERDALE, FL 33068 N LAUDERDALE, FL 33068 US 03112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3617502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERA, MIGUEL JOEL DO NOT WRITE 7713 SW 9TH ST NILAUDERDALE, FL 33068 IN THIS SPACE 3. 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 Fed agent and title if applicable. INOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$450.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BITLE JOEL RIVERA, MIGUEL NAME STREET ACCRESS 7713 SW 9TH STREET CITY-ST-ZIP N LAUDERDALE, FL 33068 U00000088695 03/15/04-80061-022 150.00 STLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME

12. Thereby 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 path, 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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CATY - ST - ZIP 717LE NAME STREET ADDRESS CRY-ST-ZIP

> SIGNATURE AND TYPED SIGNING OFFICER OR DIRECTOR

9541 718 9878

FILED