2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01006013471

1. Enlity Name O.G DRYWALL, INC



Principal Place of Business

9044 NW 28TH DR

APT. 3-307 CORAL SPRINGS, FL 33065 US

Mailing Address

9044 NW 28TH DR

APT. 3-307 CORAL SPRINGS, FL 33065

US

FILED May 03, 2004 08:00 AM Secretary of State



03182004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1072588

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, OSCAR R 9044 NW 28TH DR APT, 3-307 CODAL SERINGS EL 33066

DO NOT WRITE IN THIS SPACE

CONALGI	7 KINGS, FE 33003				
	e named entity submits this statement for the putions of registered agent. Signature, typed or printed name of registered agent and titled.	iai ((c		egistered agent, or both	th, in the State of Florida - Lam familiar with, and accept
	.E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
TO. INTE NAME SIREET ADDRESS GHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS SHEET ADDRESS		TORS		D	9 706-247197 91779-774-17892-016 150.00
CITY-ST ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP THTE NAME STREET ADDRESS					NOT WRITE THIS SPACE

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 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.

SI	ΩI	NI /	ľ	ıı	D	=	
. 71		V .		LJ	7	_	

TITLE NAME STREET ADDRESS CITY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #