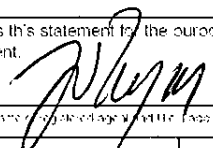
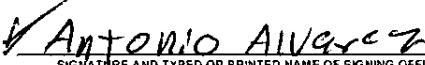


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90044 028 ***150.00

DOCUMENT # P01000111313 1. Entity Name ALVAREZ DRYWALL INC.					
Principal Place of Business 949 SAN REMO AVE NAPLES, FL 34104			Mailing Address 949 SAN REMO AVE NAPLES, FL 34104		
2. Principal Place of Business 3310 SW 26th AVE		3. Mailing Address 3310 SW 26th AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FCI Number 03-0383563	
Zip 33914		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACIEL, LUZ M 25641 SPRINGTIDE CT BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name: JORGE REYES Street Address (P.O. Box Number's Not Acceptable) 4912 VINCENTS CT #201 City: CAPE CORAL State: FL Zip: 33904		
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:  03-01-04					
Signature, Name and Address of Registered Agent (if not the same as above) _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D ALVAREZ, J ANTONIO 949 SAN REMO AVE NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D ALVAREZ J. ANTONIO 3310 SW 26th AVE CAPE CORAL, FL. 33914	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I 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 another, be empowered.					
SIGNATURE:  Antonio Alvarez President 07/01/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					