2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000006200 05-02-2005 90399 043 ***150.00 MARTIN DRYWALL FINISH CORP. Principal Place of Business Mailing Address 14013458 7040 WEST 3RD AVE. 7040 WEST 3RD AVE. HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 CR2E034 (10/03) Chg-P City & State City & State 4, FEI Number Applied For 01-0582564 Not Applicable Zip Country 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 VARGAS, PRIMITIVO M Street Address (P.O. Box Number is Not Acceptable) 7040 WEST 3RD AVE. HIALEAH, FL 33014 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change VARGAS, PRIMITIVO M NAME NAME 7040 WEST 3RD AVE. STREET ADDRESS STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE (X) Delete TITI E ☐ Change Addition VARGAS, FELIX A NAME NAME STREET ADDRESS 7040 WEST 3RD AVE. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP SD TITLE Delete Change Addition BETANCES, CARLOS M NAME NAME STREET ADDRESS 7040 WEST 3RD AVE. STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LUIS A VARGAS NAME NAME STREET ADDRESS STREET ADDRESS 7040 W 3RDOVE. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

7864178845

☐ Change

Addition

FILED