2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2003 8:00 am Secretary of State

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DOCUMENT # P0200006200 1. Entity Name MARTIN DRYWALL FINISH CORP.						03-27-2003	90085 034 ***	150.00	
Principal Place of Business Mailing Address 7040 WEST 3RD AVE. 7040 WEST 3RD AVE. HIALEAH FL 33014 HIALEAH FL 33014									
2. Principal F	Place of Business	3. Mailing Address				TAKO FISIL OSIH TAKIS DI	(1) (1) (1) (1) (1) (1) (1) (1) (1)	i Pili Tik (1981	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat		City & State			4. FEI Number 01-0582564 Applied For Not Applicable				
Zip Country		Zip Country			5. Certificate of	Status Desired	S8.75 Ad Fee Require		1-
Name and Address of Current Registered Agent					7. Name and A	idress of New Reg	istered Agent		Ţ
NA DOLO DELL'AND DE LA CONTRACTOR DE L'ANDRE				Name					
VARGAS, PRIMITIVO M 7040 WEST 3RD AVE.			Street	Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH I	FL 33014								1
			City	· · · · · · · · · · · · · · · · · · ·			FL Zip Coo	le	1
The above named entity submits this statement for the purpose of changing its registered office or ret the obligations of registered agent.					d agent, or both,	n the State of Florid	a. I am familiar with,	and accept	7
•	Promite David	nse				41	11/10	5	ĺ
SIGNATURE	agnature, typed or printed name of registered agent a	and little if applicable. (NOTI	Registered Agent sign	w beiluper eruran	hen reinstating)		DATE	~	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			Ŷį.		I	on Campaign Financ Fund Contribution.		0 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFICE	RS AND DIRECTOR	S IN 11	1
	PD VARGAS, PRIMITIVO M 7040 WEST 3RD AVE. HIALEAH FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		_	☐ Change	Addition	1034 (10/02)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADORESS	,			☐ Change	☐ Addition	CRS
CHY-ST-ZIP	<u></u>	Delete	CITY-ST-ZIP	 	·- <u> </u>		Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CHY-ST-ZIP	<u>-</u>					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	orad in Sacri	00 110 07/200	logida Clab to	Change	Addition	

2. 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.

SIGNATURE:

MINTERNOONS SRED

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Daytime Phone #