2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P02000022872** 1. Entity Name AR & B DRYWALL, INC. Mailing Address Principal Place of Business 17244 NW 48TH AVE 17244 NW 48TH AVE MIAMI, FL 33055 MIAMI, FL 33055 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1081279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINARES, BARBARA DO NOT WRITE 17244 NW 48TH AVE MIAMI, FL 33055 IN THIS SPACE 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 explicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LINARES, BARBARA NAME 17244 NW 48TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33055 U00000118974 04/13/04-80081-022 150.00 TITLE SANCHEZ, ANGEL R NAME STREET ADDRESS 17244 NW 48TH AVE MIAMI, FL 33055 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 (205) 1027-10249 Dayloro Pricos #

FILED