2005 FOR PROFIT CORPORATION

Mar 21, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000034181** 03-21-2005 90127 044 ***150.00 ROBERTO REYES DRYWALL, INC. Principal Place of Business Mailing Address 50029807 6631 SW 7 PLACE 6631 SW 7 PLACE NORTH LAUDERDALE, FL 33066 NORTH LAUDERDALE, FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03102005 Chq-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-1067720 Not Applicable 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 REYES, ROBERTO 6631 SW 7 PLACE NORTH LAUDERDALE, FL 33066 8. The above named entity submits this statement for the purpose of changing its registered office or registered. ered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE REYES, ROBERTO NAME STREET ADDRESS STREET ADDRESS 6631 SW 7 PLACE CITY-ST-ZIP NORTH LAUDERDALE, FL 33066 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 trusted 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 attactment with agradyless, with all other like empower?

FILED

Daytime Phone #