

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000087018

1. Entity Name
J.R.R. DRYWALL CORP.



Principal Place of Business
**2529 N E 183RD STREET
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**2529 N E 183RD STREET
NORTH MIAMI BEACH, FL 33160**

DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number **33-1023362** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANCIA, MIGDALIA L
1705 N E 185TH STREET, #220
NORTH MIAMI BEACH, FL 33179**

**DO NOT WRITE
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 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000160970
05/19/04-80003-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RIVERA, JOSE R**
STREET ADDRESS **2529 N E 183RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

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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.

SIGNATURE:

Jose R. Rivera **JOSE R. RIVERA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 (305) 919-8095
Date Daytime Phone