## 2004 FOR PROFIT CORPORATION ANNUEL REPORT

SIGNATURE: 2

## **FILED** Jun 02, 2004 8:00 am Secretary of State

DOCUMENT # P0300007658  1. Entity Name J & J DRYWALL INC.						05-04-200	4 90206 (	041 ***	150.00
Principal Place	e of Business			<b>5</b> 0.00	-				
14855 S.W. 297 TERRACE 14855 S.W. 297 TERI HOMESTEAD, FL 33033 HOMESTEAD, FL 330					66425787				
O Odnahod O	lace of Business								
2. Principal H	IBCO CI BUSINESS	3. Mailing Address				I EL ES 1961 L'ANI SENT ESQI	1 1741 1771 FP TO 1		100 # 1365
Suite. Apt. #, etc.		Suito. Apt. #, etc.		<u>.</u>	04282004	Chg-P	CR2E034	(10/03)	
City & State	8	City & State			4. FEI Numbe	318881	)		plied For Applicable
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired Search Search Status Desired Fee Required				
	Registered Agent	nt			7. Name and Address of New Registered Agent				
	MADÍA D	Name							
JUAREZ, MARIA B 14855 S.W. 297 TERRACE			-Street Address (P.O. Box Number is Not Acceptable)						
HOMESTEAD, FL 33033									
			Ci				FL	Zip Code	<del>,                                    </del>
The above named entity submits this statement for the number of changing its register.				ed office or register	ed agent, or both	h. in the State of Ro		niliar with.	and accept
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 X MANA GUARIS									
Signature, sped or princed name of registered again and stell applicable. (NOTE: Registered Again signature required when reinstalling) , DATE									
FILE NOWIN FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.					ADDITIONS/	CHANGES TO OFF			
I TILE KAME	D JUAREZ, MACARIO	☐ Delete	TETE.	L.			L	] Change	☐ Addition
STREET ADORESS	14855 S.W. 297 TERRACE			ET ADORESS					
CITY-ST-ZIP	HOMESTEAD, FL 33033	□ Police	_	-SI-ZP			<u></u>	] Change	☐ Addition
TITLE NAME	JUAREZ, MARIA B	☐ Delete	HAM	į.			L	T cestife	TT MUNIOU
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NAME STREET ADDRESS			NAM STR	EET ADGRESS	•	*		•	
CITY-SI-ZIP	<u> </u>			/- S1- ZIP					
12. I hereby centry that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I (urther 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 the address, with all other like empowered.									