FILED
May 27, 2004 8:00 am
Secretary of State

04-08-2004 90017 014 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103037

1. Entity Name
N.J.R. DRYWALL, INC.

Principal Place of Business	Mailing Address
~~8532 VALENCIA VILLAGE LANE~~, APT. 102 ~~ORLANDO, FL 32825~~	~~8532 VALENCIA VILLAGE LANE, APT. 102~~ ORLANDO, FL 32825

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
506 Pinnacle Cove Blvd	506 Pinnacle Cove Blvd
Suite, Apt. #, etc. 108	Suite, Apt. #, etc. 108
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32824 Country Orange	Zip 32824 Country Orange

4. FEI Number 86-1084706 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELGADO, NORA M ~~8532 VALENCIA VILLAGE LANE, APT. 102~~ ~~ORLANDO, FL 32825~~	Name Nora Delgado Street Address (P.O. Box Number is Not Acceptable) 506 Pinnacle Cove Blvd #108 City Orlando FL Zip Code 32824

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] 3/12/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELGADO, NORA M ~~8532 VALENCIA VILLAGE~~ LANE, APT. 102 ~~ORLANDO, FL 32825~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/S/T Nora M. Delgado 506 Pinnacle Blvd #108 Orlando, Florida 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/12/04 321-231-8967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #