
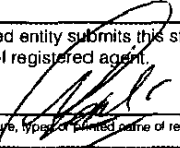


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90009 029 \*\*\*150.00

<b>DOCUMENT # P03000105614</b> 1. Entity Name <b>UNIVERSITY DRYWALL INC.</b>			
Principal Place of Business <b>9919 WEST OKEECHOBEE ROAD 337A HIALEAH, FL 33016</b>		Mailing Address <b>9919 WEST OKEECHOBEE ROAD 337A HIALEAH, FL 33016</b>	
2. Principal Place of Business <b>2510 W 56 St #2318</b> Suite, Apt. #, etc.		3. Mailing Address <b>2510 W 56 St #2318</b> Suite, Apt. #, etc.	
City & State <b>Hialeah FL</b>		City & State <b>Hialeah FL</b>	
Zip <b>33016</b>		Zip <b>33016</b>	
6. Name and Address of Current Registered Agent  <b>LOPEZ, ADALBERTO 9919 WEST OKEECHOBEE ROAD 337A HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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:  DATE: <b>05/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOPEZ, ADALBERTO <del>9919 WEST OKEECHOBEE ROAD 337A</del> <del>HIALEAH, FL 33016</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 W 56 St #2318 Hialeah FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, ROBERTO <del>9919 WEST OKEECHOBEE ROAD 337A</del> <del>HIALEAH, FL 33016</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 W 56 St #2318 Hialeah FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CACHEIRO, ELOY <del>9919 WEST OKEECHOBEE ROAD 337A</del> <del>HIALEAH, FL 33016</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 W 56 St #2318 Hialeah FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4. FEI Number **54-2127355** Applied For Not Applicable

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

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:  DATE: **05/20/04** DAYTIME PHONE: **786-298-7350**