2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000113422** 1. Entity Name 04-29-2004 90218 015 ***150.00 GARCIA'S DRYWALL, INC. Principal Place of Business Mailing Address 5540 \$ 38 \$T 5540 S 38 ST LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address 1326 N. Dixie Hwy. 326 N. Dixie Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) 10 5Te. STC · 10 City & State City & State 4. FEI Number 0/-0803668 Applied For LAKE WORTH LAKE WORTH FL Not Applicable Zip 33460 Country USA \$8.75 Additional 5. Certificate of Status Desired 33460 U SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, SERGIO Street Address (P.O. Box Number is Not Acceptable) 5540 S 38 ST LAKE WORTH, FL 33463 City Zip Code FI 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 revisiating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . □ Delete TITLE Change · 🔲 Addition GARCIA, SERGIO NAME MARKE 1326 N. DIXIE HWY. STE. 10 STREET ADDRESS 5540 S 38 ST 3 STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

FILED