## **2004 FOR PROFIT CORPORATION**

## FILED Apr 15, 2004 8:00 am Secretary of State

PROCEDITION OF Equations    Note   Proceding   Procedi	1. Entity Nar	JMENT # P0300012 me EN DRYWALL, INC.	9484				04-15-2004 9	90004 02	:8 ***150	0.00
2. Principus Place of Business  Sale: Apt. 9 dec.  City & Sale:  City & Sale:  City & Sale:  City & Sale:  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Cardificate of Status Desired  \$2.75 Assistence  Fee Requisitored Agent  T. Name and Address of Sale: Apt. Property  Fee Requisitored Agent  DE LEON-LOMELI, SALVADOR 1408 W. REN CT. LONGWOOD, FL 32750  The Country Sale of Periodic Agent  City & Sale: Apt. Property  City & Sale: Apt. Property  City & Sale: Apt. Property  Country  Street Address (P.O. Box Number in Not Acceptable)  City & Sale: Apt. Property  City & Sale of Periodic Agent.  City & Sale of P	1408 W. REN CT. 1408 W. REN CT.			· · · · · · · · · · · · · · · · · · ·	74033423					
Suite Apil 4, etc.    Suite Apil 4, etc.   Co222004   Chg-P   CR2E034 (10/03)	LONGWOOD	), FL 32750	LONGWOOD, FL 32	750			ISIAS (IIM SSIII SAM) SĀI		III SISSI 14111 SIS	
City & State  Cry & State  A FEB Number  20 - 03 75 1/3   Application  Note Applicable  See Treatment of the Property of the	2. Principal	Place of Business	3. Mailing Address							
Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · ·		02022004	Chg-P	CR2E0:	34 (10/03)	
Country   Zip   Country   St. Certificate of Status Desired   S8.75 Additional   S8.75	City & State City & State							3	<del></del>	<del></del>
DE LEON-LOMELI, SALVADOR 1408 W. REN CT. LONGWOOD, FL 32750  City FL Zip Code  8. The above named entity submits this sigtement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	Zip	Country	Zip	Cour	ntry					
DÉ LEON-LOMELI, SALVADOR  408 W. REN CT.  LONGWOOD, FL 32750    City   FL   Zip Code	<u></u>	6. Name and Address of Currer	nt Registered Agent		Namo	7. Name and	Address of New R	egistered A	gent	
City FL Zip Code  8. The above named entity submits this siztement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE.    Dipulsion, typed or printed name of registered agent and too if applicable. (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE										
B. 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  Signanun, bysect or protect came of registered agent and tale of accidable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  The PD DE LEON-LOMELI, SALVADOR SIRET ADDRESS CITY-51-2P  ITILE SD OUINTERO-GUTIERREZ, ALEJANDRO SIRET ADDRESS UNIV. ST-2P  TITLE TD OUINTERO-GUTIERREZ, ALEJANDRO SIRET ADDRESS CITY-51-2P  ITILE TD SUAREZ, JUAN M SIRET ADDRESS CITY-51-2P  CITY					م م م م		+		<del>,</del> ;-::::::::::::::::::::::::::::::::	<u> </u>
B. 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, typing or printed name of registered agent and tale if applicable. (NOTE Registered Agent signature required when rendsong)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE PD					City		<del></del>	<u></u>	Zip Cod	e
TITLE	Fil After M	LE NOW!!! FEE IS \$150.00 flay 1, 2004 Fee will be \$550							- 	
NAME STREET ADDRESS CITY-ST-ZIP TITLE SD QUINTERO-GUTIERREZ, ALEJANDRO STREET ADDRESS CITY-ST-ZIP TITLE TD SUAREZ, JUAN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD SUAREZ, JUAN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD SUAREZ, JUAN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-	<del></del>	<del></del>				.ADDITIONS/0	CHANGES TO OFF	ICERS AND		
TITLE SD Delete TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR	NAME STREET ADDRESS	DE LEON-LOMELI, SALVADOI 1408 W. REN CT.		NAM STRI	IE EET ADDRESS				□ cuange	□ Addition
CITY-ST-ZIP	TITLE NAME	SD QUINTERO-GUTIERREZ, ALE		TITU	E NE				☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1	•			i					
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS: CITY-ST-ZIP  TITLE NAME STREET ADDRESS: CITY-ST-ZIP  TITLE NAME STREET ADDRESS: STREET ADDRESS	NAME	SUAREZ, JUAN M 1408 W. REN CT.	☐ Defete	NAM	ie [				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	<del></del>	LONGWOOD, FL 32750			<del></del>					
TITLE	NAME STREET ADDRESS	3	L Delete	NAM STRI	EET ADDRESS				☐ Change	∐ Addition
STREET ADDRESS:  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	TITLE		☐ Delete	TITU	E .	<del></del>		•	☐ Change	Addition
TITLE TO Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS		لا ي م م م م			<del> </del>		<del></del>		
STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITE	E		<u></u>		☐ Change	Addition
	STREET ADDRESS	3		STRE	ET ADDRESS					

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 bath; 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.