2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# P04000008208

Entity Name: LEON'S DRYWALL, CORP.

Current Principal Place of Business:

413 MACCHI AVENUE
OAKLAND, FL 34787

New Principal Place of Business:

Current Mailing Address:

413 MACCHI AVENUE
OAKLAND, FL 34787

New Mailing Address:

400 SW 107TH AVENUE
400
MIAMI, FL 33174

FEI Number: 20-0657391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, HECTOR
413 MACCHI AVENUE
OAKLAND, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: LEON, HECTOR
Address: 413 MACCHI AVENUE
City-St-Zip: OAKLAND, FL 34787

Title: T ( ) Delete
Name: ROMERO, JOSE FRANCISCO
Address: 521 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete
Name: LEON, JUAN
Address: 821 HAMMOCK DR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LEON, RUBEN
Address: 821 HAMMOCK DR
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR LEON PS 05/18/2009

Electronic Signature of Signing Officer or Director — Date