

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000118824

Entity Name: PEDRO M. DRYWALL,INC.

FILED
Apr 21, 2009
Secretary of State**Current Principal Place of Business:**346 WEST 13TH ST
HIALEAH, FL 33010**New Principal Place of Business:****Current Mailing Address:**346 WEST 13TH ST
HIALEAH, FL 33010**New Mailing Address:**

FEI Number: 20-3393565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ALL FLORIDA FIRM
813 DELTONA BLVD STE A
BOX # 1357546
DELTONA, FL 32725 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**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: PEREZ, PEDRO M
Address: 346 WEST 13TH ST
City-St-Zip: HIALEAH, FL 33010Title: T () Delete
Name: PEREZ, HECTOR
Address: 346 WEST 13TH ST
City-St-Zip: HIALEAH, FL 33010Title: VP () Delete
Name: SARDINAS, CARLOS
Address: 2519 WEST 9 CT.
City-St-Zip: HIALEAH, FL 33010**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip: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: PEDRO M PEREZ

PD

04/21/2009

Electronic Signature of Signing Officer or Director_____
Date