2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P94000016123** 04-29-2004 90361 048 ***158.75 1. Entity Name READY DRY WALL, INC. Principal Place of Business Mailing Address 3091 N.W. 129 STREET 3091 N.W. 129 STREET US OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 2. Principal Place of Business 3. Mailing Address 7495 Nw 7th Street 7495 nw 7th Street Suite, Apt. #, etc. 03032004 CB2E034 (10/03) # 8 Applied For 4. FEI Number City & State 65-0469979 Not Applicable Miami Miami \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required Miami-Dade Miami-Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, OLGA Street Address (P.O. Box Number is Not Acceptable) 3091 N.W. 129 STREET OPA LOCKA, FL 33054 7495 NW 7th Street # 8 Miami 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. DATE (NOTE: Registered Agent signature required when reinstating 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change TITLE C Defete TITLE NAME GONZALEZ, NICOLAS NAME STREET ADDRESS 3091 N.W. 129 STREET STREET ADDRESS 7495 NW 7th Street #8 OPA LOCKA, FL 33054 CITY-ST-ZIP CITY+ST-ZIP Miami, Florida 33126 STD (C) Delete TITLE GONZALEZ, OLGA NAME STREET ADDRESS 3091 N.W. 129 STREET STREET ADDRESS 7495 Nw 7th Street # 8 CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-7IP Miami, Florida 33126 Change Addition Delete TITLE DE NAVARRA, FRANCISCO T NAME STREET ADDRESS 3091 N.W. 129 STREET STREET ADDRESS 7495 NW 7th Street # OPA LOCKA, FL 33054 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33126 Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition TITLE C Delete tom a NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

Nicolas Gonzalez 04/22/04 (305) 2615868

FILED