2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90007 028 ***550.00

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DOCUMENT # P98000105091

1. Entity Name
JENNY DRYWALL, INC.

Principal Place of Business	Mailing Address
1960 N.W. 161 STREET #203 NORTH MIAMI BEACH, FL 33162	1960 N.W. 161 STREET #203 NORTH MIAMI BEACH, FL 33162

03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6447 Miami Lakes Dr	6447 Miami Lakes Dr.
Suite, Apt. #, etc. 222E	Suite, Apt. #, etc. 222E
City & State Miami Lakes, FL	City & State, Miami Lakes, FL
Zip 33014 Country Dade	Zip 33014 Country Dade

4. FEI Number 65-0882122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIVEROS, MELQUCEDEC O 1960 N.W. 161 STREET #203 NORTH MIAMI BEACH, FL 33162	Name Street Address (P.O. Box Number is Not Acceptable) 6447 Miami Lakes Dr. #222 E City Miami Lakes FL Zip Code 33014

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VIVEROS, MELQUCEDEC	NAME	
STREET ADDRESS	1960 N.W. 161 STREET #203	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	VT ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	VALLADARES CASTILLO), MARIA M	NAME	
STREET ADDRESS	900 NW 166TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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: ✓ ______________________ 3/29/04 ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #