

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 030 ***150.00

DOCUMENT # P99000008586
 1. Entity Name
 DRYWALL & INVESTMENT GROUP, INC.



Principal Place of Business Mailing Address
 2724 SW 34 CT 2724 SW 34 CT
 MIAMI, FL 33133 MIAMI, FL 33133

24005620



2. Principal Place of Business 3. Mailing Address
 7210 S.W. 39 St. 7210 S.W. 39 St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 MIAMI, FL MIAMI
 City & State City & State
 Florida FLORIDA

01202004 Chg-P CR2E034 (10/03)

Zip Country Zip Country
 33155 DADE 33155 DADE

4. FEI Number Applied For
 65-0700328 65-0900328 Not Applicable

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

6. Name and Address of Current Registered Agent
 AVILIO, PEDRO
 2724 SW 34 CT
 MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name PEDRO ABILIO DIAZ
 Street Address (P.O. Box Number is Not Acceptable)
 7210 S.W. 39 St
 City MIAMI FL Zip Code 33155

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	AVILIO, PEDRO	2724 SW 34 CT	MIAMI, FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DIAZ, PEDRO ABILIO	7210 S.W. 39 ST.	MIAMI - FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ Date: 1/20/03 Davline Phone #: 305 265 805