
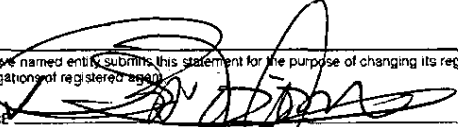
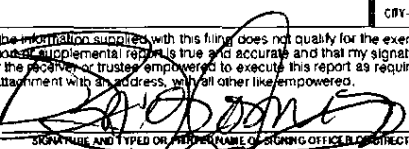


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000008586</b> 1. Entity Name <b>DRYWALL &amp; INVESTMENT GROUP, INC.</b>		
Principal Place of Business 11052 S.W. 120TH PLACE MIAMI, FL 33186		Mailing Address 11052 S.W. 120TH PLACE MIAMI, FL 33186
2. Principal Place of Business <b>2724 SW 34 Ct.</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>Miami FLA.</b>		City & State <b>SAME</b>
Zip <b>33133</b>	Country <b>USA</b>	4. FEI Number <b>65-0700328</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent AVILIO, PEDRO 11052 S.W. 120TH PLACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name <b>Pedro Avilio</b> Street Address (P.O. Box Number is Not Acceptable) <b>2724 SW 34 Ct.</b> City <b>Miami</b> FL Zip Code <b>33133</b>
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  <small>Signature, typed or printed name of registered agent, if not applicable (If OFCE Registered Agent signature required when releasing)</small>		DATE
FILE NOW! FEES \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILIO, PEDRO <input type="checkbox"/> Delete 11052 S.W. 120TH PLACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>Pedro Avilio</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2724 SW 34 Ct.</b> <b>Miami, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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, which other like empowered.		
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/23/03</b> Daytime Phone #

CHRE034 (10/02)