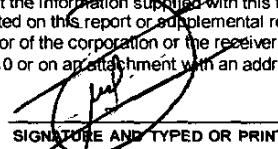


2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90026 021 \*\*\*150.00

<b>DOCUMENT #</b> P99000064593					
1. Entity Name					
MAR DRYWALL CORPORATION OF BOCA					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business			3. Mailing Address		
FL			SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
8003 NW 68TH AVENUE					
City & State			City & State		
TAMARAC FL					
Zip		Country	Zip		Country
33321		USA			
<b>DO NOT WRITE IN THIS SPACE</b>				4. FEI Number	
				65-0934935	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name					
MARCO RAMOS					
Street Address (P.O. Box Number is Not Acceptable)					
8003 NW 68TH AVE.					
City					
TAMARAC					
FL					
Zip Code					
33321					
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE		P/VP/T/S		TITLE	
NAME		MARCO RAMOS		NAME	
STREET ADDRESS		8003 NW 68TH AVE.		STREET ADDRESS	
CITY - ST - ZIP		TAMARAC, FL 33321		CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		MARCO RAMOS		02-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				954-718-6944	