
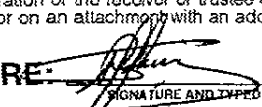


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
| <b>DOCUMENT # P99000072398</b><br>1. Entity Name<br><b>RSN DRYWALL INC.</b>  |   |                                 |   |    |  |
| Principal Place of Business<br><b>341 FLAGAMI BOULEVARD<br/>MIAMI FL 33144</b>   |   |                                 | Mailing Address<br><b>341 FLAGAMI BOULEVARD<br/>MIAMI FL 33144</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt #, etc. _____   |   |                                 | 3. Mailing Address<br>Suite, Apt #, etc. _____  |   |  |
| City & State<br>_____  |   |                                 | City & State<br>_____   |   |  |
| Zip<br>_____   |   | Country<br>_____                |   | 4. FEI Number <b>65-0947332</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |                                 |   | 1st MOORE CR2E034 (10/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LAZO, ROBERTO<br/>341 S.W. FLAGAMI BOULEVARD<br/>MIAMI FL 33144</b>  |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____ (NOTE: Registered Agent signature required when terminating)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |   | 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<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | VD<br>QUARDADO, NELSON<br>5910 S.W. 59TH ST<br>MIAMI FL 33143       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | 000000735947 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/10/07-80056-002 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | VD<br>QUARDADO, SALVADOR<br>5910 S.W. 59TH ST<br>MIAMI FL 33143     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | PD<br>LAZO, ROBERTO<br>341 S.W. FLAGAMI BOULEVARD<br>MIAMI FL 33144 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. |   |                                 |   |   |  |
| <b>SIGNATURE:</b>   |   |                                 | <b>Roberto A. Lazo</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |   |  |
| Date <b>4-20-07</b>  |   |                                 | Daytime Phone # <b>305-807-7124</b>   |   |  |