2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 12, 2008 08:00 A DOCUMENT # P99000072398 Secretary of State RSN DRYWALL INC. Principal Place of Business 341 FLAGAMI BOULEVARD 341 FLAGAMI BOULEVARD MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0947332 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAZO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 341 S.W. FLAGAMI BOULEVARD **MIAMI FL 33144** City Zip Code 8. The above named entity submits this statement for the purpose of changing use distered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent eign sture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ De¹ete TITLE ☐ Change Addition NAME QUARDADO, NELSON NAME STREET ADDRESS 5910 S.W. 59TH ST U000000855980 STREET ADDRESS 03/27/08-80067-014 150.00 CITY-ST-717 **MIAMI FL 33143** CITY-ST-ZIP TITLE ☐ Derete TITLE Addition NAME QUARDADO, SALVADOR MAME STREET ADDRESS 5910 S.W. 59TH ST STREET ADDRESS CITY+ST-ZIP **MIAMI FL 33143** CITY ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME LAZO, ROBERTO NAME STREET ADDRESS 341 S.W. FLAGAMI BOULEVARD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP TITLE ☐ Daiete TiTi F ☐ Change Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete □ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY+S1-ZIP CITY ST ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 a packet of the corporation of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: