2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90042 037 ***150.00

DOCUMENT # P99000106585

1. Entity Name
OAS DRYWALL INC.

Principal Place of Business	Mailing Address
303 SW 79TH WAY N LAUDERDALE, FL 33068	303 SW 79TH WAY N LAUDERDALE, FL 33068

44010004

02112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1335A ST. Lucie W. Blvd	
Suite, Apt. #, etc. Suite 307	Suite, Apt. #, etc.
City & State Port St. Lucie FL	City & State
Zip 34986 Country Pt. St. Lucie	Zip Country

4. FEI Number 65-0966343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SORTO, OSCAR A
303 SW 79TH WAY
N LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name SORTO, OSCAR A
Street Address (P.O. Box Number is Not Acceptable) 1335A ST Lucie W. Blvd
Suite 307
City Port St. Lucie FL Zip Code 34986

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

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	P SORTO, OSCAR A 303 SW 79TH WAY N LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SORTO, OSCAR A. 6163 Gatun Drive Port St. Lucie, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: [signature] Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR