DOCU 1. Entity Nam	MENT # P9900 DRY WALL, INC.	NESS RÉPO 0110390	RT (UBR)	Sep 12, 200 Secretary 08-14-2001 90012	1 8:00 am of State	
Principal Place of Business 17141 N.W. 52ND AVENUE CAROL CITY FL 33065		Mailing Address 17141 N.W. 52ND AVENUE CAROL CITY FL 33065				
2. Principal Place of Business 3. M		3. Mailing Address		- I ADBILLON IIID TARKU IATAK DOLIK QATIK BALIK BADU.	HORE DOINE HIM EDIK BOKE LOOK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0969415	. Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8:75 Additional Fee Required	
	6. Name and Address of Current f	Registered Agent	Name	7. Name and Address of New Registered	Agent	
URBINA, ANDRES 17141 N.W. 52ND AVENUE CAROL CITY FL 33055				Street Address (P.O. Box Number Is Not Acceptable)		
			-			
		City	· FL	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.						
SIGNATURE :	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Seacciteria on back) FILE NOW!!! F After September 12, 20 Make Check Payable to					\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD URBINA, ANDRES 17141 N.W. 52ND AVENUE CAROL CITY FL 33055	□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADORESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		STREET ADDRESS			
TITLE NAME			- HAME		Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP		}	
TITLE		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME Street Address			NAME STREET ADDRESS			
CITY-ST-ZIP	,	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		— 2ailea	NAME STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied with t	his filing does not qualify for	CITY-ST-ZIP	ection-119.07(3)(i). Florida Statutes. I further cert	ify that the information	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 19.7/Florida Statutes. I further certify that the information indicated on this report on the corporation or the receiver or trustee empowered as execute this report as required by Chapter 19.7/Florida Statutes. I further certify that the information indicated on this report or supplemental report is report or supplemental report is report or supplemental report or supplemental report is report or supplemental report						
SIGNATURE: X SIGNATURE REQUIRED AND AND AND AND AND AND AND AND AND AN						