| Current Mailing Address:                                                          |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 5229 N HIATUS RD<br>SUNRISE, FL 33351                                             |                                                                       |
| FEI Number: 20-0000807                                                            | Certificate of Status Desired: Yes                                    |
| Name and Address of Current Registered Agent:                                     |                                                                       |
| BOULANGER, JOCELYN<br>5229 NORTH HIATUS ROAD<br>SUNRISE, FL 33351 US              |                                                                       |
| The above named entity submits this statement for the purpose of changing its reg | istered office or registered agent, or both, in the State of Florida. |
| SIGNATURE IOCELYN BOUL ANGER                                                      | 01/31/202                                                             |

### 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084032

Entity Name: BOULANGER DRYWALL CORP.

### **Current Principal Place of Business:**

5229 N HIATUS RD SUNRISE, FL 33351

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| SIGNATURE                 | E: JOCELYN BOULANGER                     |                 |                      | 01/31/2022 |  |
|---------------------------|------------------------------------------|-----------------|----------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                      | Date       |  |
| Officer/Director Detail : |                                          |                 |                      |            |  |
| Title                     | PRES, DIR.                               | Title           | VP, DIR              |            |  |
| Name                      | BOULANGER, JOCELYN                       | Name            | BOULANGER, PATRICK   |            |  |
| Address                   | 5229 N HIATUS RD                         | Address         | 5229 NORTH HIATUS RD |            |  |
| City-State-Zip:           | SUNRISE FL 33351                         | City-State-Zip: | SUNRISE FL 33351     |            |  |
| Title                     | т                                        |                 |                      |            |  |
| Name                      | BOULANGER, PATRICK                       |                 |                      |            |  |
| Address                   | 5229 NORTH HIATUS RD                     |                 |                      |            |  |
| City-State-Zip:           | SUNRISE FL 33351                         |                 |                      |            |  |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOCELYN BOULANGER

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 31, 2022 **Secretary of State** 6822484161CC