2004 FOR PROFIT CORPORATION

FILED Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # G61130 1. Entity Name 04-12-2004 90293 012 ***150 00 TRI-WAY MARBLE & GRANITE CORP. Principal Place of Business Mailing Address 1801 N.W. 18ST POMPANO BEACH FL 33069 4404/633 6750 N.W. 63 WAY PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2333784 Not Applicable Zip 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 Name ROGERS, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 1881 UNIVERSITY DRIVE SUITE 206 CORAL SPRINGS FL 33065 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Addition KOZLIK, WILLIAM NAME NAME 6750 NW 63RD WAY STREET ADDRESS STREET ADDRESS PARKLAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME KOZLIK, WILLIAM JR NAME 6750 N.W. 63 WAY STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE ☐ Addition

12. It 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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Welle

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-7l9

Clean Koylets
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-7-04

Daytime Phone #

☐ Change

☐ Addition