

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 017 ***150.00

DOCUMENT # P00000040885

1. Entity Name

TUB & TILE SOLUTION, INC.



Principal Place of Business

10395 SW 186ST
2ND FLOOR
MIAMI FL 33157

Mailing Address

10395 SW 186ST
2ND FLOOR
MIAMI FL 33157

2. Principal Place of Business

19800 SW 84th Ave

Suite, Apt. #, etc.

3. Mailing Address

19800 SW 84th Ave

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1068099

Applied For

Not Applicable

Zip

33189

Country

MIAMI - DADE

Zip

33189

Country

MIAMI - DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMINO, JOHN
19800 SW 84TH AVENUE
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

John Gamio John Gamio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GAMIO, LUISA
STREET ADDRESS 19800 S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33189

TITLE VP ☐ Delete
NAME GAMIO, JOHN
STREET ADDRESS 19800 SW 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Gamio John Gamio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

3059698899

Daytime Phone #