2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90245 042 ***150.00

(305) 889-0505

DOCUMENT # P01000077448 1. Entity Name ROOF TILE R'US INC.							04-29-2004 \$	90243 042	; ****130).00
Principal Place of Business 2339 WEST 9TH COURT HIALEAH, FL 33010			Mailing Address 2339 WEST 9TH COURT HIALEAH, FL 33010			94072400				
2. Principal Pi	ace of Busin	l'à Street	3. Mailing Address							
Suite, Apt	Day t	¥ 3	Suite, Apt. #, etc. SAM'S			04122004	Chg-P	CR2E034	J (10/03)	
City & State Highean, Florida			City & State			4. FEI Numb 65-113				plied For t Applicable
Zip 33	Zip 33010 Country USA		Zip	Country			of Status Desired	Fe	8.75 Add se Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MARTELL, SERGIO D339 WEST 9TH COURT HIALEAH, FL 33010					Street Address (P.O. Box Number is Not Acceptable)					
							* *y*			
					City		~	FL	Zip Code	э
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	onggitted name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signature requir	red when reinstating)		DATE		 1
		FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Con			5.00 May Be				
10.		OFFICERS AND		11,		ADDITIONS	/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	2339 WE	., SERGIO ST 9TH COURT , FL 33010	☐ Delete						Change	Addition
TITLE			☐ Delete	TITL,	-				Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP					IE EET ADDRESS /- ST-ZIP					
TITLE NAME STREET AODRESS			☐ Delete	NAM Stri	,			I	Change	☐ Addition
CITY-ST-ZIP	<u> </u>	<u> </u>			r-ST-ZIP	<u> </u>		- <u> </u>		Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		i			'	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	l l				☐ Change	☐ Addition
indicated of the cor	l on this repo poration or t	rt or supplemental report is he receiver or trustee emp	n this filing does not qualify for s true and accurate and that owered to execute this repor with all other like empowered	my signa t as requ	sture shall have the	ie same legal effe	ct as if made under	oath; that I an	n an officer	r or director

SERGIO MARTELL
INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _