FOR PROFIT CORPORATION

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DOCUMENT # P0200079013									
TLC INSTALLATION, INC.					1	9: 33			
						ECRETANY STATE LLAHASSEE FLORIDA	X		
						TOOOESIT	7779	<u>.</u>	
2. Principal Place of Business 3. Mailing Address 884 West 80 Place 884 West 80 Suite, Apt. #, etc. Suite, Apt. #, etc.				Place		08/08/0301064022 **550.00 do not write in this space			
City & State		City & State Hialeah			1	FEI Number 36-4505629		Applied For Not Applicable	
Zip 33014	Country USA	Zip Cour 33014 US		•	5.	S. Certificate of Status Desired			
			7. Name and Address of Current Registered Agent Name Ismael Cancel Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE			i	884 City	West	est 80 Place			
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 ISMAEL CANCEL IE CONCEL IT TO THE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended L Make Check Payable				e is \$150 s \$550.00 s \$61.25	.00	10. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	TITLE	. 1					
NAME STREET ADDRESS CITY - ST-ZIP	AME TANIA LEGESMA TREE ADDRESS 884 W 80Th PLACE			E ET ADDRESS -ST-ZIP					
THE	HIRLEAH FL. 3301 VICE PRESIDENT	4	TITLE						
NAME STREET ADDRESS CITY-ST-ZIP	ISMAGL CANCEL 884W BOH PLACE HIALBAH PL. 330	14	1	E Et address -st-zip					
TITLE			TITLE	1					
STREET AGDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP		DO NOT V	VRIT	E	
TITLE NAME STREET ADDRESS			TITL(NAM STRE	1		IN THIS S	PACI	E	
CITY - ST - ZIP				-ST-ZIP					
TITLE NAME			TITLI NAM	í					
STRFET ADDRESS CITY-ST-ZIP			1	ET ADDRESS - ST- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			8	1					
13. 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 Blosk 11 or on an attachment with an address, with all other like empowered.									
SIGNATURE: LSMAEL CANUS US CON 7-30-03 487-7867 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description Priore in									