2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000005763 1. Entity Name 04-26-2004 91002 030 ***150 00 THINSET & GROUT INC. Principal Place of Business Mailing Address 912 ROBERTS ROAD 912 ROBERTS ROAD SUITE #14 LAKE HAMILTON FL 33851 LAKE HAMILTON FL 33851 2. Principal Place of Business 3. Mailing Address 203 W. Marion 203 W. Marion Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 2 City & State Applied For 43199370*2*1 Not Applicable Country Country \$8.75 Additional USA. 5. Certificate of Status Desired 32/32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, ROBERT E 912 ROBERTS ROAD SUITE # 14 LAKE HAMILTON FL 33851 8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registere (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered a 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITI E ☐ Addition TORREALBA, AURA M NAME NAME Torrealba, Aura M. STREET ADDRESS 912 ROBERTS ROAD SUITE # 14 STREET ADDRESS CITY-ST-ZIP LAKE HAMILTON FL 33851 CITY-ST-7IP Edgewater, FL 32132 MLE ☐ Delete TITLE ☐ Change Addition NAME JONES, ROBERT E MAME 912 ROBERTS ROAD SUITE # 14 STREET ADDRESS STREET ADDRESS we #2 LAKE HAMILTON FL 33851 CITY-ST-7IP CITY-ST-7IP Edsewati TITLE TITLE ☐ Delete ☐ Change ☐ Addition DIR MAME. NAME. PIETRI, CAROLINA. STREET ADDRESS STREET ADDRESS 912 ROBERTS ROAD SUITE # 14 CITY-ST-ZIP CITY-ST-ZIP LAKE HAMILTON FL 33851 DIR ☐ Delete ☐ Change TITLE ☐ Addition PIETRI, LUIS A NAME NAME 912 ROBERTS SUITE # 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE HAMILTON FL 33851 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED