2004 FOR PROFIT CORPORATION

FILED May 21, 2004 8:00 am Secretary of State 05-21-2004 90005 013 ***150.00

ANNUAL REPORT

DOCUMENT # P03000092797 1. Entity Name TINT BIZ. INC. Principal Place of Business Mailing Address KATErnza 5301 NOB HILL ROAD 5301 NOB HILL ROAD SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05172004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 6-1682631 Not Applicable Zip Country Zip 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE Addition NIETO, HERNANDO NAME 5301 NOB HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP VSD ☐ Delete Change ☐ Addition TITLE TITLE NIETO, HERNANDO NAME NAME 5301 NOB HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change * ☐ Addition TITLE Delete TITLE 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.

OHachment

#103000092797 54055188



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I did not get any notice to file on may 1,04 this is my 10 month in business. I called the state and they told me to send \$150.00 for anual report



unriser (954)583-8450 Fax (954)583-9033