2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

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May 17, 2004 8:00 am Secretary of State DOCUMENT # P03000114742 05-17-2004 90007 026 ***150.00 1. Entity Name R. BERTAGNA TILE CONTRACTORS INC Principal Place of Business Mailing Address C/O ROBERT BERTAGNA C/O ROBERT BERTAGNA **471 SE RON RICO TERRACE** 471 SE RON RICO TERRACE PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983 2. Principal Place of Business 3. Mailing Address 471 SE RON RICOTERT. 471 SE RON RICO Terr Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 03-0379432 Not Applicable aCountry Country \$8.75 Additional 5. Certificate of Status Desired U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERTAGNA, ROBERT Street Address (P.O. Box Number is Not Acceptable) **471 SE RON RICO TERRACE** PORT ST LUCIE, FL 34983 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE" TITLE Addition Change Delete Robert Bertagna NAME NAME 471 SE Ron Rico Terr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ___ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ___ Delete Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE __ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

2/25/04 Date

FILED