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Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000138773 1. Entity Name 04 JUN 24 AM 11: 27 CIMENTO TUPI AMERICAS, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 9120-D SW 19TH COURT 9120-D SW 19TH COURT 04/14/04 90035 014 1500 FORT LAUDERDALE, FL 33324 FORT LAUDERDALE, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06102004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For _ 20-057827 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE ☐ Delete TITLE ☐ Addition RIBEIRO, CARLOS NAME STREET ADDRESS 9120-D SW 19TH COURT STREET ADDRESS FORT LAUDERDALE, FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

June 10, 2004

Dear Sir/Madam:

Enclosed please find the updated Annual Report for <u>Cimento Tupi Americas</u>, **Inc.**

It has been updated to include the FEIN Number, which is 20-0578278.

The report was received by your office before the deadline. I never received a notice of rejection from your office. I was on-line trying to confirm the status of the LLC on Sunbiz. That is when I found out that your records showed the report was not received even though the check was cashed by the State.

Upon calling your office today, I was told that the report was rejected.

For the reason above I am requesting that the \$400.00 Late Fee be waived.

Regards,

Carlos Ribeiro