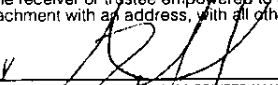


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 025 ***150.00

DOCUMENT # P06000132899 1. Entity Name R TINT, INC.					
Principal Place of Business 17832 S DIXIE HWY MIAMI, FL 33157			Mailing Address 17832 S DIXIE HWY MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 20-5741271				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, BIBIANA 17832 S DIXIE HWY MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, BIBIANA 17832 S DIXIE HWY MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, RUBEN 17832 S DIXIE HWY MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-19-07 Daytime Phone #: 786-312-2263		