FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS								
1. Corporation	Tranc	0001266 (4)					
C & A	TOOLS, INC.				 	BANK BANK BANK BAKKI MAKA	VIA ANKIJ AHKI KANI	
Principal Place of Business Mailing Address 6555 NW 36 ST. #217 6555 NW 36 ST #247 -								
STE 205 STE 205 MIAMI FL 33166 US US					3. Date Incorporated or Qualific	ed 3a. Date of Last F	Report	
	ace of Business NW, 36 Street	2a. Mailing Address			01/08/1993 4. FEI Number	05/16/19	95 Applied For	
Suite, Apt. 22 213	t. #, etc. Suite, Apt. #, etc.				65-0382222 5. Certificate of Status Desired		Not Applicable 5 Additional	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.0	Required May Be	
Zip	3166 25 Dade 29		Country 30		8. This corporation has liability			
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New	v Registered Agent		
GONZALEZ, HERNANDO 6555 NW 36 ST, #247 ≥ 15 MIAMI FL 33168				82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Ctv				
familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Section Signature speed or printed name of registered agent	on 607.0505, Florida Stalutes.	d by the co	лрогацотъ	rporation submits this statement for the board of directors. Thereby accept the a	ppointment as registered	registered office I agent. I am	
12.	OFFICERS AND DIRECTORS		13.	9 39 8.30 10	ADDITIONS/CHANGES TO C	DATE EFICERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, HERNANDO 6555 NW 36 ST, #947 '2\3 MIAMI FL 33166	DELETE	1. 1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP		GONZALEZ HERNA 6555 NW. 36 Str Miarra, FL 33		ORS IN 12 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 1 THE 2 2 NAM 2 3 STR	_F		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 TITU 32 NAM 33 STR	.e Ie Eet address		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 1 TrTL 4 2 NAM 4.3 STR8	E Et address		☐ Change	Addition	
TITLE NAME STREET ADDRESS	, (M	☐ DELETE	5 1 TITE 52 NAM 53 STRE	E Et address		Cnange	Addition	
CHY-ST-ZIP THILE NAME		DELETE	6 1 THTL			☐ Change	Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

STREET ADDRESS

04/12/96 (305) 876-9544