2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

with an address, with all other like empowered.

SIGNATURE:

Feb 24, 2004 8:00 am DOCUMENT # P98000070013 **Secretary of State** 02-24-2004 90002 037 ***163.75 CANTU TILE LOADERS & TRUCKING, INC. Principal Place of Business Mailing Address P.O. BOX 21439 BRADENTON FL 34204 1515 30TH ST E BRADENTON FL 34203 3. Mailing Address 2. Principal Place of Business P.O. BOX 21439 Suite, Apt. #, etc. 1515 30th AVE Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number FLA 65-0853348 FLA BRADENTON BRADENTON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u> 34208</u> MANATEE MANATEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTU, ANABELL Street Address (P.O. Box Number is Not Acceptable) 1515 30TH ST E **BRADENTON FL 34204** 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. 2/16/04 (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change Addition TITLE NAME CANTU, ANABELL NAME P.O. BOX 21439 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34204** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED