2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P98000070013 CANTU TILE LOADERS & TRUCKING, INC. Principal Place of Business Mailing Address PO BOX 21439 1515 30TH AVE E BRADENTON, FL 34203 BRADENTON, FL 34204 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0853348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \\ \\ Fee Required 6. Name and Address of Current Registered Agent CANTU, ANABELL DO NOT WRITE 1515 30TH ST E BRADENTON, FL 34204 IN THIS SPACE 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 upplicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE CANTU, ANABELL 00000008726 NAME 04/16/05-80009-004 158.75 P.O. BOX 21439 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34204 BILE NAME STREET ADDRESS adiptivities to the transport of the contract CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS GITY-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 supplymental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED