

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057636

Entity Name: SA & SON TILES, INC.

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

13690 SW 144 AVE.
BLDG: 30
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

555 NW 72 AVE.
STE: 210
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-4997704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVO, RENE
13690 SW 144 AVE.
BLDG: 30
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CALVO, RENE
Address: 13690 SW 144 AVE. BLDG: 30
City-St-Zip: MIAMI, FL 33186 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LAGUADO, JULIO
Address: 13690 SW 144 AVE. BLDG: 30
City-St-Zip: MIAMI, FL 33186 US

Title: T () Change (X) Addition
Name: CANO, RENE
Address: 13690 SW 144 AVE. BLDG: 30
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO LAGUADO

PD

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date