

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126979

Entity Name: ARTURO RAMOS TILE, INC.

FILED
Mar 09, 2008
Secretary of State

Current Principal Place of Business:

1080 S HOAGLAND BLVD L149
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1080 S HOAGLAND BLVD
L149
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-0388577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL ABOUT FINANCE AND MORE, LLC
1633 E. VIBE STREET
SUITE 216
KISSIMMEE, FL 34743 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 () Delete
Name: RAMOS, LUIS A
Address: 1080 S HOAGLAND BLVD L-149
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: LUIS ALBERTO LOPEZ,
Address: 1080 S HOAGLAND BLVD L184
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LUIS ALBERTO LOPEZ,
Address: 1080 S HOAGLAND BLVD L-149
City-St-Zip: KISSIMMEE, FL 34741

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: RAMOS LUIS A.

P

03/09/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date