2006 FOR PROFIT CORPORATION

STREET ADDRESS

FILED ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM DOCUMENT # P02000110932 **Secretary of State** 1. Entity Name CERAMICUSA, INC. Mailing Address Principal Place of Business 12931 SW 84TH AVE RD MIAM! FL 33165 12931 SW 84TH AVE RD MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE! Number 02-0548101 Not Applicat \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May E 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change PSO 31117 TITLE Detete NAME NAME CARBALLO, MARIO A STREET ADDRESS 4501 SOUTHWEST 116TH AVENUE STREET ADDRESS CUTY-ST-ZIP MIAMI FL 33165 CSTY-ST-7/P ☐ Change And thin TITLE ΤD Defete TITLE CARBALLO, JORGE H NAME MALA STREET ADDRESS U00000398677 STREET ADDRESS 4501 SOUTHWEST 116TH AVENUE CITY-ST-ZIP 01/31/06-80007-014_158.75 CHY-ST-ZIP MIAMI FL 33165 Delete ☐ Change ☐ Add NAME NAME STREET AGORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Adding THE THE STREET ADDRESS STREET ADDRESS City-ST-ZiP DITY-ST-ZIP Change T Access THE Delete DIVE NAME MANT STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP ☐ Change ☐ Addition □ Defete BILE NAME NAME.

STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an object of the property of the