


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 273553 1. Entity Name MIOTTO TERRAZZO & TILE, INC.	
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Principal Place of Business 926 - 26TH STREET WEST PALM BEACH, FL 33407	Mailing Address 926 - 26TH STREET WEST PALM BEACH, FL 33407
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1030191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MIOTTO, VALENTINO P  
 926 26TH ST.  
 WEST PALM BEACH, FL 33407

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000945940  
 05/30/08-80028-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIOTTO, VALENTINO P 926 26TH STREET WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PETERS, RUTH 926 126TH STREET WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS MIOTTO, LILLIAM B 926 26TH ST WEST PALM BCH, FL 33407
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian B. Miotto* LILLIAM B MIOTTO 4/28/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #