## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2008 08:00 AN Secretary of State **DOCUMENT # 541369** 1. Entity Name \_ LAMOTI ROOF TILE, INC. Principal Place of Business Mailing Address 1360 NW 29TH ST 1360 NW 29TH ST MIAMI, FL 33142 MIAMI, FL 33142 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1824109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNAL, ELIZABETH DO NOT WRITE 1360 N.W. 29TH STREET MIAMI, FL 33142 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE PD NAME BERNAL, RUBEN 1368 NW 29 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE BERNAL, ELIZABETH 1368 NW 29 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

8 305 635-2641

**FILED**