


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90057 050 ***150.00

DOCUMENT # 546194
 1. Entity Name
GAM ROBERT CERAMIC TILES INC.



Principal Place of Business: **950 MOCKINGBIRD LANE #615 PLANTATION FL 33324**
 Mailing Address: **8550 W FLAGLER ST #111 % BART C VIDAL MIAMI FL 33144**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country Zip: Country



MOORE CR2E034 (11/03)

4. FEI Number: **59-1782019** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **MENESINI, GUIDO GUERRA 8550 W FLAGLER ST #111 MIAMI FL 33144**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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 accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD <input type="checkbox"/> Delete	NAME: GUERRA-MENSEINI, GUIDO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 950 MOCKINGBIRD LANE	CITY-ST-ZIP: PLANTATION FL	NAME:	
		STREET ADDRESS:	
		CITY-ST-ZIP:	
TITLE: SD <input type="checkbox"/> Delete	NAME: BURGALASSI GUERRA, ALMA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 950 MOCKINGBIRD LANE	CITY-ST-ZIP: PLANTATION FL	NAME:	
		STREET ADDRESS:	
		CITY-ST-ZIP:	
TITLE: VP <input type="checkbox"/> Delete	NAME: GUERRA-BURGALASSI, ROBERTO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 13801 N.W 22 PL.	CITY-ST-ZIP: SUNRISE FL 33323	NAME:	
		STREET ADDRESS:	
		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ *President* Date: **4/16/04** Daytime Phone #: **954-473-1716**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR