


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**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**



02042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | PD                         |
| NAME           | GUERRA-MENSEINI, GUIDO     |
| STREET ADDRESS | 950 MOCKINGBIRD LANE       |
| CITY-ST-ZIP    | PLANTATION, FL             |
| TITLE          | SD                         |
| NAME           | BURGALASSI GUERRA, ALMA    |
| STREET ADDRESS | 950 MOCKINGBIRD LANE       |
| CITY-ST-ZIP    | PLANTATION, FL             |
| TITLE          | VP                         |
| NAME           | GUERRA-BURGALASSI, ROBERTO |
| STREET ADDRESS | 13801 N.W 22 PL.           |
| CITY-ST-ZIP    | SUNRISE, FL 33323          |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

000001426395  
02/20/06-80060-024 150.00

**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: *[Signature]* 2/4/06 954-473-1716  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR