2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 11, 2008 8:00 am Secretary of State 06-11-2008 90001 036 ***150.00

DOCUMENT # 614019 1. Entity Name VILLAR TILE, INC.							06-11-2008	90001 ()36 ***15	50.00	
Principal Place of Business 7898 NW 29 CT. 7890 NW 29 ST 7898 NW 29 CT. 7898 NW 29 CT. MIAMI, FL 33122 Mailing Address 7898 NW 29 CT. MIAMI, FL 33122				w 29	st	11616 411	17 HEN EIGH BBIN ITHE INN B		I BIBNI BIBNI BIBNI	i F al 41 1 1 C 1	
2. Principal Place of Business - No P.O. Box # 3. Mailing Addres			e								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06032008	Chg-P	CR2E03	34 (12/06)			
City & State	AI FI	City & State			4. FEI Numb			<u> </u>	plied For Applicable		
331.2	2 Count PADE	Zip Cou		у			of Status Desired	<u></u> г	8.75 Addi ee Required		
6. Name and Addres's of Current Registered Agent					7. Name and Address of New Registered Agent Name						
VILLAR,RICARDO 8974 SW 25TH ST MIAMI, FL 33165				Street Address (P.O. Box Number is Not Acceptable)							
			ļ	City				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 Signature, lyped or printed name of registered agent and tille it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Financing											
10.	. OFFICERS AND I		11.	- · ·		ADDITIONS	/CHANGES TO OFFIC	ERS AND			
, TITLE NAME .	VP VILLAR, RICARDO	☐ Delete	TITLE						☐ Change	Addition	
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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: LINEY NILLEY LEONOR VILLAR 6/9/08 305-591-7283											

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FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS P.O. Box 8700 Tallahassee, Florida 32314 First-Class Mall U.S. Postage PAID State of Florida 84321

ANNUAL REPORT NOTICE

ENCLOSED IS PAYMENT FOR 2008.

WE NEVER RECEIVED THE REPORT NOTICE

THIS IS A ROPY OF LAST YEAR.

THANK YOU FOR YOUR HELP.

LEONIN WILLIAM

VILLANTILLE