


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 664343</b> 1. Entity Name NATIONAL CERAMICS OF FLORIDA, CORP.	
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Principal Place of Business 7800 NW 34TH STREET SUITE 100 MIAMI, FL 33122	Mailing Address 7800 NW 34TH STREET SUITE 100 MIAMI, FL 33122
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<b>DO NOT WRITE IN THIS SPACE</b>
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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1968477	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RIVERA, JOSUE 7800 N W 34THST STE 100 MIAMI, FL
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, JOSUE 7800 NW 34TH STREET 100 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, LOUISE 7800 NW 34TH STREET 100 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD RIVERA, JENNIFER 1550 MICHIGAN AVENUE, UNIT 2 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000332954  
04/26/05-80078-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

3051591.8326

Date

Daytime Phone #