2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H75466

1. Entity Name
HIALEAH ITALIAN TILE #2, INC.

Principal Place of Business	Mailing Address
% MIGUEL A. SEMPERE 3105 NW 79 AVE MIAMI, FL 33122	% MIGUEL A. SEMPERE 3105 NW 79 AVE MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2582842

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEMPERE, MIGUEL A.
3192 NW 77TH CT.
MIAMI, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000526146
05/04/06-80062-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEMPERE, MIGUEL A.
STREET ADDRESS	209 W. 21ST ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	SEMPERE, JAIME
STREET ADDRESS	209 WEST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	SD
NAME	SEMPERE, MERCEDES
STREET ADDRESS	209 WEST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL 33010
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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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: _____ 04/20/06 305-888-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #