

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # H75466

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



Principal Place of Business

**3105 NW 79 AVE
DORAL, FL 33122**

Mailing Address

**3105 NW 79 AVE
DORAL, FL 33122**



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000908024

05/06/08-80013-007-150.00

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	

**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 reports 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02

(305) 888-4002