

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90112 002 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J52729			14016657
1. Entity Name CERAMICA DE ESPANA MONIQUE, INC.			
Principal Place of Business 7700 NW 54 ST MIAMI, FL 33166 US		Mailing Address 7700 NW 54 ST MIAMI, FL 33166 US	
DO NOT WRITE IN THIS SPACE			
		04262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2722155	Applied For ☐ Not Applicable
		8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, MONICA 7700 NW 54 ST MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE	
9. 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 registering.) 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		DO NOT WRITE IN THIS SPACE	
TITLE	PSTD		
NAME	RUIZ, MONICA		
STREET ADDRESS	7700 NW 54 ST		
CITY, ST, ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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: 		Monica Ruiz President 4/27/05 (305) 597-1461	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	