2006 **FOR PROFIT CORPORATION ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L26002

1. Entity Name
MICHAEL'S CERAMIC TILE, INC.

Principal Place of Business	Mailing Address
329 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	329 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0153203
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIVONA, MICHAEL
1111 N.E. 202 STREET
NORTH MIAMI BEACH, FL 33161

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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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BIVONA, MICHAEL
STREET ADDRESS	1111 NE 202 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	DST
NAME	BOMBARA, LUCIANO
STREET ADDRESS	11040 NW 15 CT
CITY-ST-ZIP	PEMBROKE PINE, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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05/18/06-80055-011 150.00

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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: Michael Bivona MICHAEL BIVONA 4/19/06 954 457 0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #