2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # M49574 **Secretary of State** 1. Entity Name V & L TILE CORP. Mailing Address Principal Place of Business 5465 WEST 13 CT. HIALEAH FL 33012 5465 WEST 13 CT. HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-2789387 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, VICTOR M. 5465 WEST 13 CT. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 Zip Code 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. Signalure, 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, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May ₽ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tū. 11. ☐ Change Addin. TITLE DPT Delete THELE MARTINEZ, VICTOR M. MAME MAME U00000409787 02/09/06-80010-806 150.00 STREET ADDRESS STREET ADDRESS \$5465 WEST 13 CT. CITY-\$1-2@ CHY-S1-219 HIALEAH FL ☐ Change Addition TITLE ☐ Delete 7177 F NAME MARTINEZ, LUISA M. NAME STREET ADDRESS STREET ADDRESS 5465 WEST 13 CT. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Address me Delete MILE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CSTY-SI-ZIP TITLE TITLE Change _____ A.... ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZVP □ MCT ☐ Change ☐ Dotete BILE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP City-St-ZiP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PITCA VI. LACTURE

1-27-06

305-825-0802

FILED