

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021440

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** QUALITY TILE & CONCRET FINISHING FOR POOL, CORP.

**Current Principal Place of Business:**

5645 SW 142 AVE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

5645 SW 142 AVE  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 65-0985690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, RAUL  
5645 SW 142 AVE  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTIN, RAUL  
Address: 5645 SW 142 AVE  
City-St-Zip: MIAMI, FL 33183

Title: VD ( ) Delete  
Name: MARTIN, LEONEL  
Address: 5645 SW 142 AVE  
City-St-Zip: MIAMI, FL 33183

Title: SD (X) Delete  
Name: ZARAGOZI, JORGE  
Address: 420 SW 18 TERRACE  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ZARAGOZI, JORGE  
Address: 420 SW 18 TERRACE  
City-St-Zip: MIAMI, FL 33129 FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RAUL MARTIN

PD

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date