


FILED
Aug 09, 2004 08:00 AM
Secretary of State

2004 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000046099 1. Entity Name JOSE-BER TILE, INC.	
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Principal Place of Business 910 SW 105 AVE APT #107 MIAMI, FL 33174	Mailing Address 910 SW 105 AVE APT #107 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1007825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, BERNARDINO 910 SW 105 AVE APT #107 MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when rechartering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000169616 08/09/04-80004-002 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, BERNARDINO 910 S.W. 105 AVE., APT. 107 MIAMI, FL 33174
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  07-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #