

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P00000069746

1. Entity Name  
GILBERTO TILES, INC.



Principal Place of Business      Mailing Address  
5409 SW 140 CT      5409 SW 140 CT  
MIAMI, FL 33175      MIAMI, FL 33175



01142005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-1025395      Not Applicable

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

**6. Name and Address of Current Registered Agent**

SUAREZ, GILBERTO  
5409 SW 140 CT  
MIAMI, FL 33175

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      DP  
NAME      SUAREZ, GILBERTO  
STREET ADDRESS      5409 SW 140 CT  
CITY - ST - ZIP      MIAMI, FL 33175

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01/25/05-80069-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

Daytime Phone #