## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P00000090346 05-04-2007 90304 001 \*2,400.00 1. Entity Name DUNE CERAMICS USA, INC. Principal Place of Business Mailing Address C/O BARRY B. ANSBACHER, P.A. 1410 KONA DRIVE 1301 RIVERPLACE BLVD:#2450, RIVERPL. TWR COMPTON, CA 90220 JACKSONVILLE, FL 32207-9047 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 03292007 CR2E034 (12/06) Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive City & State 4. FEI Number Applied For Jacksonville, Florida 32217 59-3673314 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ñ ANSBACHER & MCKEEL P.A. Ansbacher & McKeel, P.A. S 1301-RIVERPLACE BLVD., #2450 8818 Goodbys Executive Drive JACKSONVILLE, FL 32207-9047 Jacksonville, Florida 32217 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PSD Change TITLE TITLE ☐ Addition Jose Vicente Morant NUDACU, 312UL NAME NAME STREET ADDRESS 410 Kona Dr. STREET ADDRESS CTRA. ALCORA CV-16 KM7,5 CITY-ST-ZIP SAN JAN DE MORO, SPAIN, CITY-ST-ZIP Rancho Dominguez, CA 90220 VTD Delete TITLE VPD ☐ Channe ☐ Addition TITLE Ismael Carne GASCON, JOSE NAME NAME 0410 Kona Dr. CTRA.ALCQRA CV-16, KM 7,5 STREET ADDRESS STREET ADDRESS 90220 SAN-JAN-DE MORO, SPAIN, CITY-ST-7IP Rancho Domiquez, CA CITY-ST-ZIP ☐ Delete ☐ Change □ Addition THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or subpliemental 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: TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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