

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000107669

1. Entity Name  
ARCHITECTURAL CERAMIC & DESIGNS, INC.



Principal Place of Business  
716 NW 7 AVE  
FORT LAUDERDALE, FL 33311

Mailing Address  
716 NW 7AVE  
FORT LAUDERDALE, FL 33311

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



08062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1058436  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

HEGUABURO, HECTOR  
816 SW 17 STREET  
FT LAUDERDALE, FL 33315

**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  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEGUABURO, HECTOR
STREET ADDRESS	816 SW 17 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33315
TITLE	D
NAME	HEGUABURO, JOSE A
STREET ADDRESS	941 SW 19TH ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	ECHEVERRIA, ESTHER G
STREET ADDRESS	716 NW 7 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000958344  
08/25/08-80005-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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

08/15/08 (954) 614 1777  
Date Daytime Phone #