

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90242 014 ***150.00

DOCUMENT # P01090007494

1. Entity Name

CERAMIC TILE DISTRIBUTORS CORPORATION



Principal Place of Business

10260 NW SOUTH RIVER DRIVE
MEDLEY FL 33178

Mailing Address

10260 NW SOUTH RIVER DRIVE
MEDLEY FL 33178

2. Principal Place of Business

9311 SW STATE ROAD 200

3. Mailing Address

9311 SW STATE ROAD 200

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

#204

City & State

Ocala - FLA

City & State

Ocala - FLA

Zip

34481

Country

U.S.A

Zip

34481

Country

U.S.A

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1079397

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORERA, MARGARITA
7760 W 20 AVE
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MORERA, MARGARITA
STREET ADDRESS 10260 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33178

TITLE DV ☐ Delete
NAME MORERA, RAFAEL B
STREET ADDRESS 10260 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Change ☐ Addition
NAME MORERA, RAFAEL B
STREET ADDRESS 9311 SW STATE ROAD #200 SUITE-204
CITY-ST-ZIP Ocala - FLA - 34481

TITLE DV ☐ Change ☐ Addition
NAME MORERA, MARGARITA
STREET ADDRESS 9311 SW STATE ROAD #200 SUITE-204
CITY-ST-ZIP Ocala - FLA - 34481

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margarita Morera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-06 352-8610082
Date Telephone #