## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P01000065500**

1. Entity Name

TERRACOTTA TILES AND CERAMICS, CORP.



**FILED** Mar 02, 2006 08:00 Al **Secretary of State** 

Principal Place of Business

Mailing Address

654 WOODGATE CIR. WESTON, FL 33326 654 WOODGATE CIR. WESTON, FL 33326



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 02282006 No Chg-P

4. FEI Number 65-1119164

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**ECHEVERRI, JUAN CARLOS** 654 WOODGATE CIR. WESTON, FL 33326 .

SIGNATURE: \_\_

SIGNATURE AND TYPED OF

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. 1 am familiar with, and accept the obligations of registered agent.</li> </ol>					
SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent argument enquired when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  2. Election Cam Trust Fund Co			ing 🔲	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVERRI, ANDRES 654 WOODGATE CIRCLE WESTON, FL 33326	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· <del>-</del> ·	U00000453076 03/14/06-80004-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. <del>.</del>	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			.= .		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	^				
12. I hereby certify that the information supplied with this filling 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 the ann 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 trusted emproved of the 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 carpe like empowered.					

AME OF EIGNING OFFICER OR DIRECTOR