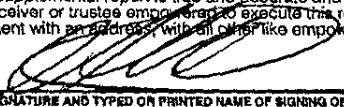


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000077082 1. Entity Name THE TOWER TILE U.S.A., INC.		
Principal Place of Business 5515 SW 3 STREET MIAMI, FL 33134	Mailing Address 5515 SW 3 STREET MIAMI, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FERNANDEZ, MISAEL 5515 SW 3 STREET MIAMI, FL 33134		DO NOT WRITE IN THIS SPACE
9. 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, MISAEL 5515 SW 3 STREET MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.		
SIGNATURE: 		04/13/2005 (786) 402-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1127738	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

000000302912
04/13/05-80091-007 158.75

**DO NOT WRITE
IN THIS SPACE**