## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State 06-11-2008 90001 033 \*\*\*150.00 DOCUMENT # P01000104628 1. Entity Name BORGES INTERNATIONAL TILES, INC. 401000 Principal Place of Business Mailing Address 10201 SW 37 TERR 10201 SW 37 TERR MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 06022008 Chg-P City & State City & State 4. FEI Number Applied For 65-1150045 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORGES, LYDIA Street Address (P.O. Box Number is Not Acceptable) 10201 SW 37 TERR MIAMI, FL 33165 City 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 life it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ■ Addition NAME BORGES, LYDIA NAME 10201 SW 37 TERR STREET ADDRESS STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP CITY-ST-ZIP ☐ Delete ☐ Change . ☐ Addition TITLE TITLE 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 ☐ Change Detete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE 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 quality 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 charged, or on an attachment with acceptance with all either like empowered.

FILED Jun 11, 2008 8:00 am

Daytime Phone #