2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000046928

1. Entity Name

PORTILLO ROQUE TILE CORP.



03-10-2008 90053 044 ***150.00

Principal Place of Business

Mailing Address

851 SW 4 STREET

851 SW 4 STREET

9

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33130

MIAMI, FL 33130



FILED

Mar 10, 2008 8:00 am Secretary of State

03012008

No Chq-P

CR2E034 (11/05)

4. FEI Number 02-0591284

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytima Phone #

6. Name and Address of Current Registered Agent

PORTILLO, JUAN CARLOS 851 SW 4 STREET

001.044

MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed for printed name of Legister et agent and time if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees	-
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTILLO, JUAN CARLOS 851 SW 4 STREET #9 MIAMI, FL 33130				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROQUE, ORLANDO 851 SW 4 STREET #9 MIAMI, FL 33130		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTILLO, SALVADOR 851 SW 4 STREET #9 MIAMI, FL 33130		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADORESS 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 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.					

NING OFFICER OR DIRECTOR

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