2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P02000103143

Entity Name: MULTI TILES & MORE, INC.

Current Principal Place of Business:

3474 W. 87TH ST
BAY J06
HIALEAH, FL 33018

New Principal Place of Business:

19384 SW 60 CT
SOUTHWEST RANCHES, FL 33332

Current Mailing Address:

19384 SOUTHWEST 60TH CT.
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 61-1426392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSORIO, MARTHA
19384 SOUTHWEST 60 CT
SOUTHWEST RANCHES, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOSA, ALICIA
Address: 1631 NW 113 AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete
Name: OSORIO, MARTHA
Address: 19384 SOUTHWEST 60 CT
City-St-Zip: SOUTHWEST RANCHES, FL 33322

Title: D ( ) Delete
Name: RODRIGUEZ, OSCAR
Address: 1631 NW 113 AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete
Name: SOSA, ARTURO
Address: 19384 SOUTHWEST 60 CT
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA SOSA PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date