

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

|                                                                               |         |                                                                                   |         |
|-------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P02000110932</b>                                                |         |  |         |
| 1. Entity Name<br><b>CERAMICUSA, INC.</b>                                     |         |                                                                                   |         |
| Principal Place of Business<br><b>12931 SW 84TH AVE RD<br/>MIAMI FL 33165</b> |         | Mailing Address<br><b>12931 SW 84TH AVE RD<br/>MIAMI FL 33165</b>                 |         |
| 2. Principal Place of Business                                                |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                           |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                  |         | City & State                                                                      |         |
| Zip                                                                           | Country | Zip                                                                               | Country |



1st MOORE CR2E034 (10/05)

4. FEI Number **02-0648101** ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

|                                                                                                                                                                                                                               |  |                                                    |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |  | 7. Name and Address of New Registered Agent        |             |
| <b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI FL 33145</b>                                                                                                                                       |  | Name                                               |             |
|                                                                                                                                                                                                                               |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                                                                                                                                                                               |  | City                                               | FL 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                                              |
|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|--|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>CARBALLO, MARIO A<br>4501 SOUTHWEST 116TH AVENUE<br>MIAMI FL 33165 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CARBALLO, JORGE H<br>4501 SOUTHWEST 116TH AVENUE<br>MIAMI FL 33165  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |

U00000398677  
01/31/06-80007-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.