


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000121472 1. Entity Name AMISTAD TILE CORPORATION	
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Principal Place of Business 6590 WEST 24TH COURT BLDG. 24, #104 HIALEAH, FL 33012	Mailing Address 6590 WEST 24TH COURT BLDG. 24, #104 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0042471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MARIA ISABEL 6590 WEST 24TH COURT BLDG. 24, #104 HIALEAH, FL 33012

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000082612 03/10/04-80002-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARIA ISABEL 6590 WEST 24TH COURT, BLDG. 24, UNIT 104 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, JORGE ALAN 6590 WEST 24TH COURT, BLDG. 24, UNIT 104 HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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.

SIGNATURE:  **3/5/04 305 556-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #