2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P02000121472 1. Entity Name 05-01-2006 90418 047 ***150.00 AMISTAD TILE CORPORATION Mailing Address Principal Place of Business 4001-9775 NW 123RD TERRA 9775 NW 123RD TERRA BLDG. 24, #104 HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 32-0042471 Not Applicable Country Zip Zip 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 Name RODRIGUEZ, MARIA ISABEL Street Address (P.O. Box Number is Not Acceptable) 6590 WEST 24TH COURT BLDG. 24, #104 9775 NW 123rd Terra HIALEAH, FL 33012 Hialeah Gardens 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 agen 4/24/06 (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition Delete TITE F TITLE RODRIGUEZ, MARIA ISABEL NAME NAME STREET ADDRESS STREET ADDRESS 9775 NW 123RD TERRA HIALEAH, FL 33018 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete RTLE ☐ Change FERNANDEZ, JORGE ALAN NAME NAME STREET ADDRESS STREET ADDRESS 9775 NW 123RD TERRA CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33018 ☐ Change Addition TITLE ☐ Delete DILE NAME NAME STREET ADORESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TIT: F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-7/P 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.

MG OFFICER OR DERECTOR

FILED