


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000123119	
1. Entity Name JUVICA TILE INC.	

Principal Place of Business 4838 SAN PABLO PL. TAMPA, FL 33634	Mailing Address 4838 SAN PABLO PL. TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



07132004 No Chg-F CR2E034 (16/03)

4. FEI Number 16-1634819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTILLO, ENRIQUE 3202 N. FLORIDA TAMPA, FL 33603
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**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 7/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- MENENDEZ, CARLOS 4838 SAN PABLO PL. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMENEZ, JUAN 4719 DUNNIE DRIVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENENDEZ, RALPH 4740 SOUTHBREEZE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0715/04-80003-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 7/12/04 813-968-489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Daytime Phone #