07/09/2004 15:16 0000000000

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Secretary of State

07-14-2004 90003 004 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133202

1. Entity Name
D'TILE WHOLESALE & DISTRIBUTING, INC.

440485392

Principal Place of Business	Mailing Address
7800 NW 34TH ST. #101 MIAMI, FL 33112	7800 NW 34TH ST. #101 MIAMI, FL 33112

07082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7800 NW 34th ST	7800 NW 34th ST
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State Miami, FL	City & State Miami, FL
Zip 33122 Country USA	Zip 33122 Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, OSMEL PD
7800 NW 34TH ST. #101
MIAMI, FL 33112

7. Name and Address of New Registered Agent

Name Lopez, Osmel
Street Address (P.O. Box Number is Not Acceptable) 7800 NW 34th ST, #101
City Miami FL Zip Code 33122

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] 7/8/04
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, OSMEL 7800 NW 34TH ST. #101 MIAMI, FL 33112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, OSMEL 7800 NW 34 ST #101 Miami, FL 33122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 7/8/04 305-718-4435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #