
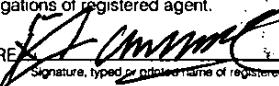
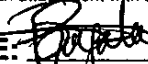


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90327 029 \*\*\*158.75

<b>DOCUMENT # P03000039248</b>					
<b>1. Entity Name</b> AYALA TILE, INC					
<b>Principal Place of Business</b> 1502 AVLEIGH CIR ORLANDO, FL 32824 US			<b>Mailing Address</b> 1502 AVLEIGH CIR ORLANDO, FL 32824 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 54-2104566	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> AYALA, PEDRO 1502 AVLEIGH CIR ORLANDO, FL 32824				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b> SIGNATURE: 					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> AYALA, PEDRO	<input type="checkbox"/> Delete	<b>TITLE</b> T	<b>NAME</b> Makdonado-fernando	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1502 AVLEIGH CIR	<b>STREET ADDRESS</b> 1502 AVLEIGH CIR		<b>STREET ADDRESS</b> 1502 AVLEIGH CIR	<b>STREET ADDRESS</b> 1502 AVLEIGH CIR	
<b>CITY-ST-ZIP</b> ORLANDO, FL 32824	<b>CITY-ST-ZIP</b> ORLANDO, FL 32824		<b>CITY-ST-ZIP</b> ORLANDO, FL 32824	<b>CITY-ST-ZIP</b> ORLANDO, FL 32824	
<b>TITLE</b> VP	<b>NAME</b> AYALA, JOSE A	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1502 AVLEIGH CIR	<b>STREET ADDRESS</b> 1502 AVLEIGH CIR		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> ORLANDO, FL 32824	<b>CITY-ST-ZIP</b> ORLANDO, FL 32824		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

50039590



04112005 Chg-P CR2E034 (10/03)