


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000079892</b>	
1. Entity Name R.R.C. TILE, INC.	

Principal Place of Business 1950 SW TER MIAMI, FL 33145	Mailing Address 1950 SW TER MIAMI, FL 33145
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**DO NOT WRITE IN THIS SPACE**



07082005 No Chg-P CR2E034 (10/03)

A. FEI Number 04-3767593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
MOREJON, RAFAEL 1950 SW 24TH TER MIAMI, FL 33145	

**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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, JOSE LUIS 1764 SW 19 ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREJON, RAFAEL 1950 SW 24 TER MIAMI, FL 33145
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07/22/05-80005-019 150.00

**DO NOT WRITE  
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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: 	7/5/05	491-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #