

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000083075**

1. Entity Name  
**BEST CERAMIC TILE, INC.**



Principal Place of Business 1507 NW 82ND AVE MIAMI, FL 33126 US	Mailing Address 1507 NW 82ND AVE MIAMI, FL 33126 US
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**DO NOT WRITE IN THIS SPACE**



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0125324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SAVINON, RAMON  
 8736 SW 161ST COURT  
 MIAMI, FL 33193

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVINON, RAMON 8736 SW 161ST COURT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVINON, JACQUELINE 8736 SW 161ST COURT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000319164  
 05/13/08-80110-023 150.00

12. I hereby certify that the information supplied with this filing 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 another like empowered.

SIGNATURE: Ramon Savinon **RAMON SAVINON** 4/23/08 305-496-4531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #