

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90145 011 ***150.00

DOCUMENT # P03000110826 1. Entity Name RUBIO TILE COMPANY INC.					
Principal Place of Business 261 EAST 35TH STREET HIALEAH, FL 33013 US			Mailing Address 261 EAST 35TH STREET HIALEAH, FL 33013 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0283127	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUBIO, ORLANDO 261 EAST 35TH STREET HIALEAH, FL 33013				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
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 all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/1/06 Daytime Phone # _____					