2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2007 08:00 AM DOCUMENT # P03000110826 **Secretary of State** 1. Entity Name RUBIO TILE COMPANY INC. Principal Place of Business Mailing Address 261 EAST 35TH STREET 261 EAST 35TH STREET HIALEAH, FL 33013 US HIALEAH, FL 33013 US 03102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0283127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUBIO, ORLANDO DO NOT WRITE 261 EAST 35TH STREET HIALEAH, FL 33013 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 talle if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. P.S RUBIO, ORLANDO MAME STREET ADDRESS 261 EAST 35TH STREET CITY-ST-ZIP HIALEAH, FL 33013 TITLE NAME U00000666702 STREET ADDRESS 03/2̄3̄/Ō7̄-8̄ŌO83̄-007 150.OΦ CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS City-St-2P TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Daytme Phone #

FILED