

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126979

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: ARTURO RAMOS TILE, INC.

## Current Principal Place of Business:

1080 S HOAGLAND BLVD L184  
KISSIMMEE, FL 34741

## New Principal Place of Business:

1080 S HOAGLAND BLVD L149  
KISSIMMEE, FL 34741

## Current Mailing Address:

1080 S HOAGLAND BLVD  
L149  
KISSIMMEE, FL 34741

## New Mailing Address:

FEI Number: 20-0388577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL ABOUT FINANCE AND MORE, LLC  
1633 E. VIBE STREET  
SUITE 216  
KISSIMMEE, FL 34743 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAMOS, LUIS A  
Address: 1080 S HOAGLAND BLVD L-149  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete  
Name: LUIS ALBERTO LOPEZ,  
Address: 1080 S HOAGLAND BLVD L184  
City-St-Zip: KISSIMMEE, FL 34741

Title: S (X) Delete  
Name: OSORIO, ERNESTO  
Address: 1080 S HOAGLAND BLVD L184  
City-St-Zip: KISSIMMEE, FL 34741

Title: T (X) Delete  
Name: CORTEZ, ROBERTO  
Address: 1080 S HOAGLAND BLVD L184  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A RAMOS

P

03/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date