

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90014 049 ***150.00

DOCUMENT # P03000146125

1. Entity Name
MAURICIO BARROS TILE, CORP.



Principal Place of Business
**22437 SW 66 AVENUE #303
BOCA RATON, FL 33428-5999**

Mailing Address
**22437 SW 66 AVENUE #303
BOCA RATON, FL 33428-5999**

34031332



2. Principal Place of Business
9370 SW 8TH ST

3. Mailing Address
9370 SW 8TH ST

Suite, Apt. #, etc.
SUITE # 408

Suite, Apt. #, etc.
SUITE # 408

03132004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
20-0454394

Applied For
Not Applicable

Zip
33428

Country
USA

Zip
33428

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARROS, MAURICIO D
22437 SW 66 AVENUE #303
BOCA RATON, FL 33428-5999**

7. Name and Address of New Registered Agent

Name
BARROS, MAURICIO D

Street Address (P.O. Box Number is Not Acceptable)

9370 SW 8TH ST SUITE 408

City
BOCA RATON

FL

Zip Code
33428

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 **X** **MAURICIO**

DATE
3/13/04

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
BARROS, MAURICIO D
22437 SW 66 AVENUE #303
BOCA RATON, FL 33428-5999**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BARROS, MAURICIO D
9370 SW 8TH ST # 408
BOCA RATON, FL 33428**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: **X** **MAURICIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/13/04

DAYTIME PHONE #
(561) 852 1350

DATE

DAYTIME PHONE #