2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 25, 2004 8:00 am Secretary of State DOCUMENT # P03000146487 04-30-2004 90267 047 ***150.00 HERNANDEZ BEAUTIFUL TILE INC. Principal Place of Business Mailing Address 66424002 2703 W. SLIGH AVENUE TAMPA FL 33614 2703 W. SLIGH AVENUE **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number 43202//30 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, RALPH Street Address (P.O. Box Number is Not Acceptable) 10921 AIRVIEW DRIVE **TAMPA FL 33625** City -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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May | 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11"" 11. TITLE ☐ Delete TITLE ' ■ Addition Change NAME BANGA, GILDA NAME STREET ADDRESS 2703 W. SLIGH AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILE Delete TITLE ☐ Addition ☐ Change i i i i MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7P ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS or grapaginary 🖫 👢 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 addisse, with all-opter like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED