## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146610

1. Entity Name

CAMARIOCA TILE CORPORATION



Principal Place of Business

914 SABEL PALM DR. CHRISTMAS, FL 32709 Mailing Address

914 SABEL PALM DR. CHRISTMAS, FL 32709

#### FILED Mar 12, 2008 08:00 A Secretary of State



#### DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CF

CR2E034 (11/05)

4. FEI Number 59-3780583

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENNATE, FERNANDO 914 SABEL PALM DR. CHRISTMAS, FL 32709

# DO NOT WRITE 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.	XCI					3/1/08	
Signature: typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		)00955862  8-80069-004 158.	75
10. OFFICERS AND DIRECTORS				•	, · •		
TITLE	P				- 1	• •	
NAME	PENNATE, FERNANDO					v ·	
STREET ADDRESS	914 SABEL PALM DR.			•		•	•
CITY-ST-ZIP	CHRISTMAS, FL 32709						
TITLE							

### DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ≱