2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90037 030 ***150.00

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DOCUMENT # P03000146912

1. Entity Name
DAYANA TILES, INC.

Principal Place of Business	Mailing Address
5730 CRANE PL. ORLANDO, FL 32807 US	5730 CRANE PL. ORLANDO, FL 32807 US

2. Principal Place of Business	3. Mailing Address
4056 AARON DR.	4056 AARON DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32822 Country:	Zip: 32822 Country:

02182004 Chg-P CR2E034 (10/03)

4. FEI Number: 56-2420635 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CESPEDES, JESUS SR 5730 CRANE PL ORLANDO, FL 32807	Name: Cespedes, Jesus Sr. Street Address (P.O. Box Number is Not Acceptable): 5730 Crane PL City: Orlando FL Zip Code: 32807

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: J Céspedes — 2-19-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CESPEDES, JESUS SR.	NAME	
STREET ADDRESS	5730 CRANE PL.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
TITLE	Vice-President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Janila Fonseca	NAME	
STREET ADDRESS	4056 AARON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32822	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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-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 address, with all other like empowered.

SIGNATURE: J Céspedes — 2-19-4 — (407) 252-6324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #