2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # P04000004313 04-04-2005 90058 024 ***158.75 **CHAVEZ TILES & FLOORS CORPORATION** Principal Place of Business Mailing Address 60 WEST 64 STREET **60 WEST 64 STREET** HIALEAH, FL 33012 HIALEAH, FL 33012 3. Mailing Address PO POX 5 2. Principal Place of Business 1311 -Daxon Suite, Apt. #, etc 03232005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number ona 20-0581314 Not Applicable Volusia \$8.75 Additional 5. Certificate of Status Desired / lasia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYRON Chavez CHAVEZ, BYRON Street Address (P.O. Box Number is Not Acceptable) 60 WEST 64 STREET HIALEAH, FL 33012 1311 Saxon Blud 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 te (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be ndientau en 4 la remait er FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing , □ Trust Fund Contribution. Added to Fees 5 ()000.a-33 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P.S.T Byron chaver TITLE Delete TITLE Addition 🔼 Change NAME CHAVEZ, BYRON 1311 Saxon Blud 60 WEST 64 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP Deltone, FL 32725 Delete Addition TITLE TITLE ☐ Change Raul H. Hernandez 1423 w. Wellington Are CHAVEZ, BYRON NAME NAME STREET ADDRESS 60 WEST 64 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-7IP Deltona, FL Delete TITLE TITLE Change ☐ Addition NAME CHAVEZ, BYRON NAME 60 WEST 64 STREET _ STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 attachr an address, with all other like empowered.

FILED