2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-02-2007 90023 026 ***163.75

DOCUMENT # P04000010146

1. Entity Name
CORTES TILE AND MARBLE CO.

Principal Place of Business	Mailing Address
810 W 54 ST HIALEAH FL 33012	810 W 54 ST HIALEAH FL 33012

810 W 54 ST	CORTES TILE & MARBLE CO.
2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 810 W 54 ST
Suite, Apt. #, etc.: HIALEAH FL	Suite, Apt. #, etc.: HIALEAH FL
City & State	City & State
Zip: 33012 Country: MIAMI DADE	Zip: 33012 Country: DADE

1st MOORE CR2E034 (10/06)

4. FEI Number 20-0604870 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, ARMANDO
810 WEST 54TH STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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]
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORTES, ARMANDO 810 WEST 54TH STREET HIALEAH FL 33012	☐ Delete	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 exemptions contained in Section 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: [signature] 3-19-07 (305)962 1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #