

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90024 030 ***150.00

DOCUMENT # P04000077837

1. Entity Name

BARRIOS-MORALES TILES, INC.



Principal Place of Business

691 W 29 ST APT 105
HIALEAH FL 33012

Mailing Address

691 W 29 ST APT 105
HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #

271 West 31 Street

3. Mailing Address

271 West 31 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

Zip

33012

Country

4. FEI Number

87-0726433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, JOEL
271 West 31 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, 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

TITLE: VP
NAME: MORALES, GIMER J
STREET ADDRESS: 6107 W 22 LANE
CITY-ST-ZIP: HIALEAH FL 33016 ☒ Delete

TITLE: P
NAME: BARRIOS, JOEL
STREET ADDRESS: 691 W 29 ST APT 105
CITY-ST-ZIP: HIALEAH FL 33012 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: P
NAME: BARRIOS, JOEL
STREET ADDRESS: 271 West 31 Street
CITY-ST-ZIP: Hialeah, Fla 33012 ☒ Change ☐ Addition

TITLE: VP
NAME: JOSE ANTONIO BARRIOS
STREET ADDRESS: 271 West 31 Street
CITY-ST-ZIP: Hialeah, Fla 33012 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

04-30-07

786-2325590

Date

Daytime Phone #