2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085952

Entity Name: CALIFORNIA TILE CORP

FILED May 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1125 SW 44TH AVE. 2296 SW HALISSEE ST

DEERFIELD BCH, FL 33442 PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

1125 SW 44TH AVE. 2296 SW HALISSEE ST

DEERFIELD BCH, FL 33442 PORT SAINT LUCIE, FL 34953

FEI Number: 20-1190632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE OLIVEIRA, IVAIR S

1125 SW 44TH AVE.

DE OLIVEIRA, IVAIR S

2296 SW HALISSEE ST

DEERFIELD BCH, FL 33442 US PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: IVAIR S DE OLIVEIRA 05/01/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:DE OLIVEIRA, IVAIR SName:DE OLIVEIRA, IVAIR SAddress:1125 SW 44TH AVE.Address:2296 SW HALISSEE STCity-St-Zip:DEERFIELD BCH, FL 33442City-St-Zip:PORT SAINT LUCIE, FL 34953

Title: VTD () Delete Title: () Change () Addition

 Name:
 DO VAL, RENATO L
 Name:

 Address:
 9354 SW 3RD ST., #601
 Address:

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 RAMIREZ, JAIME E
 Name:

 Address:
 4610 HAIRLAND DR.
 Address:

 City-St-Zip:
 W. PALM BCH, FL 33415
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAIR S DE OLIVEIRA PD 05/01/2005