2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104292 1. Entity Name

Feb 23, 2007 08:00 Al Secretary of State

Applied For Not Applicable

Daytime Phone #

FILED

Principal Place of Business

CARLOS DANIEL TILE CORP

750 SW 9 PLAZA FLORIDA CITY, FL 33034

SIGNATURE:

Mailing Address 750 SW 9 PLAZA

FLORIDA CITY, FL 33034



DO NOT WRITE IN THIS SPACE

02032007	No Chg-P	CR2E034 (11/05)	

4.	FEI Number		Applied F
	20-1374250	 	Not Appli
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

HUEZO, CARLOS D

6. Name and Address of Current Registered Agent

750 SW 9 PLAZA FLORIDA CITY, FL 33034

DO NOT WRITE IN THIS SPACE

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8. The above named entity subjects 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 produce produce produce agent and still 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		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000645269 03/02/07-80077-018 150.00			
10.	OFFICERS AND DIREC	CTORS						,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUEZO, CARLOS D 750 SW 9 PLAZA FLORIDA CITY, FL 33034				•		•	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	• • • •		er transition	
12. I hereby indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a reporation or the receiver or trustee empowered	ling does not qualify for the ex and accurate and that my signa d to execute this report as requ	emptions co ture shall ha ired by Chap	ntained in ve the sa iter 607,	n Chapter 11 me legal effe Florida Statut	9, Florida Statut ct as if made un es; and that my	es. I further certify the der oath; that I am an name appears in Bloo	at the information officer or director ck 10 or Block 11 if

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR