2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 31, 2008 08:00 A Secretary of State DOCUMENT # P04000105597 1. Entity Name CERAMIC WAY, INC. Principal Place of Business Mailing Address 8975 NORTHWEST 25TH STREET 8975 NORTHWEST 25TH STREET MIAMI, FL 33172 MIAMI, FL 33172 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3795707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOLOGNA, STEFANIA ESQ 150 S.E. 2ND AVE STE 1010 MIAMI, FL 33131 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CAROLI, GIANFRANCO NAME STREET ADDRESS 1460 OCEAN DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33139 VΡ TITLE NAME ROFFINELLA, FILIPPO U00000808644 STREET ADDRESS 1460 OCEAN DRIVE 02/07/08-80057-016 150.00 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

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1/25/2018

Develope Phone #