

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90150 024 \*\*\*150.00

**DOCUMENT # P04000118506**



1. Entity Name

THE OLD HAVANA TILE COMPANY

Principal Place of Business

13015 SW 89 PLACE STE. 158  
MIAMI FL 33176

Mailing Address

13015 SW 89 PLACE STE. 158  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

201672578

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, GODOFREDO M  
8189 SW 176 ST.  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name PERDOMO, GODOFREDO M.

Street Address (P.O. Box Number is Not Acceptable)

7840 S.W. 173 Terrace  
MIA FL

City

FL

Zip Code

33157

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

4-5-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 P  
NAME PERDOMO, GODOFREDO M  
STREET ADDRESS 8189 SW 176 ST.  
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

TITLE V  
NAME ARGUELLO, JACOBO  
STREET ADDRESS 1414 DRAYTON CT.  
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE V  
NAME SUSSMAN, PAUL  
STREET ADDRESS 13015 SW 89 PLACE #158  
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

TITLE V  
NAME PASSALACQUA, JOHN  
STREET ADDRESS 13015 SW 89 PLACE #158  
CITY-ST-ZIP MIAMI FL 33176 ☒ 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 P  
NAME PERDOMO, GODOFREDO M  
STREET ADDRESS 7840 S.W. 173 Terrace  
CITY-ST-ZIP MIA FL 33157 ☒ Change ☐ Addition

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

TITLE V  
NAME SUSSMAN, PAUL  
STREET ADDRESS 4201 N. OCEAN DR.  
CITY-ST-ZIP Hollywood FL 33019 #605 ☒ Change ☐ Addition

TITLE V  
NAME PASSALACQUA, JOHN  
STREET ADDRESS 4514 N. OCEAN DR.  
CITY-ST-ZIP Hollywood FL 33019 ☒ 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 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 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:

John Passalacqua V.P.

JOHN PASSALACQUA 920 6071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #