


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90023 020 \*\*\*558.75

**DOCUMENT # P04000122851**

1. Entity Name  
**JUAN MIRANDA TILE, INC.**



Principal Place of Business      Mailing Address  
**641 N SONORA CIRCLE**      **641 N SONORA CIRCLE**  
**INDIALANTIC FL 32903**      **INDIALANTIC FL 32903**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**641 N. SONORA CIR**      Suite, Apt. #, etc.

City & State      City & State  
**INDIALANTIC FL.**      **FLORIDA**

Zip      Country      Zip      Country  
**32903**      **BREVARD**

4. FEI Number      Applied For  
**35-2240391**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

2nd MOORE      CR2E034 (4/07)

6. Name and Address of Current Registered Agent  
**JAMISON MARK JESSUP SR., INC**  
**465 S VOLUSIA AVE**  
**SUITE C**  
**ORANGE CITY FL 32763**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution     

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIRANDA, JUAN M</b>
STREET ADDRESS	<b>641 N SONORA CIRCLE</b>
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Juan Miranda  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-07      321-480-1396  
 Date      Daytime Phone #