


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 023 ***150.00

| | |
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| DOCUMENT # P04000140708 |  |
| 1. Entity Name CIAO & CIAO CERAMIC, CORP. | |

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|---|---|
| Principal Place of Business 609 NE 14TH AVENUE 501 HALLANDALE, FL 33009 US | Mailing Address 609 NE 14TH AVENUE 501 HALLANDALE, FL 33009 US |
|---|---|

50000935



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|--|---|
| 2. Principal Place of Business 4325 WORDS WORTH WAY Suite, Apt. #, etc. ✓ | 3. Mailing Address 4325 WORDS WORTH WAY Suite, Apt. #, etc. |
|--|---|

02202006 Chg-P CR2E034 (11/05)

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|---------------------------|---------------------------|-----------------------------|-------------------------------|
| City & State VENICE FL | City & State VENICE FL | 4. FEI Number 20-1731578 | Applied For Not Applicable |
| Zip 34293 | Country US | Zip 34293 | Country US |

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

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent TIMIS, AUREL 609 NE 14TH AVENUE 501 HALLANDALE, FL 33009 | | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | |
|---|---|--------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | \$ 150.00 2/21/06. |
|---|---|--------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,D TIMIS, AUREL 609 NE 14TH AVENUE#501 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4325 WORDS WORTH WAY VENICE FL 34293 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4325 WORDS WORTH WAY VENICE FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #