

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143531

FILED
Apr 28, 2007
Secretary of State

Entity Name: CUBAN TROPICAL TILE CO

Current Principal Place of Business:

3632 NW 37 AV
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3632 NW 37 AV
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-1761543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, MANUEL A
11536 SW 6 ST
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORENO, MANUEL A
Address: 11536 SW 6 ST
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: MORENO, MARIA
Address: 11536 SW 6 ST
City-St-Zip: MIAMI, FL 33174

Title: T () Delete
Name: MILLON, ROBERTO
Address: 870 SW 3 ST. APT. 1
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL A. MORENO

P

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date