## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P04000156171  1. Entity Name HERNAN CANALES, TILES, INC.						. 04-04-2005 90069 017 ***150.00				
Principal Place	e of Business	Mailing Address			}					
2550 NE 8TH TERRACE POMPANO BEACH, FL 33064		2550 NE 8TH TERRACE POMPANO BEACH, FL 33064			66012324					
2. Principal Pl	face of Business	3. Malling Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03082005 Chg-P CR2E034 (10/03)					
City & State	9	City & State			4. FEI Number 30-03	288 192	, , , , , , , , , , , , , , , , , , , ,	<del></del>	pplied For at Applicable	
Zip	Country 1/2.	Zip	Cour	ntry		ol Status Desired	Fe Fe	.75 Add e Require		
	Registered Agent		Name	7. Name and	Address of New R	egistered Agr	ent			
CANALES-HERNAN-				100000						
2550 NE 8	TH TERRACE D BEACH, FL 33064			Street Address (	P.O. Box Numbe	r is Not Acceptable	)		-	
			City				FL	Zip Cod	ê	
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, hypod or printed name of regulatered agent and title of applicable. (NOTE: Registered Agent algorithms required when reinstaging)  DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11	
TITLE	D Delete III			E				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CANALES, HERNAN 2550 NE 8TH TERRACE POMPANO BEACH, FL 33084		NAME STREET ADDRESS CITY-ST-ZIP							
11ÚE		Delete	TITL	E				Change	☐ Addition	
NAME			NA.	- 1						
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			EET ADDRESS (- ST-ZIP	·····					
TITLE NAME		☐ Delete	TITL NAM					Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					1	
C11Y - ST - 71P		<del></del>	_cū,	-ST-ZIP						
TITLE	aa r 🚅 🚨	Deleta	. ∴NTL	E				Change	- Addition -	
NAME STREET ADDRESS			NAV STRE	TE EET ADORESS					1	
CITY-ST-ZIP				-ST-ZIP						
TITLE		Delete	TITL					Change	☐ Addition	
NAME Street Adoress			NAM STRE	EET AODRESS						
CITY - ST - ZIP				- ST - 71P		•				
TITLE		Delete	TITL	_				Change	Addition	
NAME STREET ADDRESS			NAM	E ET ADORESS					- 1	
CITY-ST-ZIP			CITY	-ST-ZIP		·				
12. I hereby certify that the information supplied with this filling 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 em 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 time empowered.										
SIGNATURE: AND TYPES ON PRINTED MAJE OF BIGHING OFFICER OR DIRECTOR DEED CAPTURE OF SIGNANG OFFICER OR DIRECTOR										