


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000016166	
1. Entity Name C.N.E. TILE CORPORATION	

FILED

2007 MAR 21 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <del>863 SW 4TH STREET</del> <del>APT. 5</del> <del>MIAMI, FL 33130</del>	Mailing Address <del>863 SW 4TH STREET</del> <del>APT. 5</del> <del>MIAMI, FL 33130</del>
--	--

2. Principal Place of Business - No P.O. Box # 102 SW 6 ave.	3. Mailing Address 102 SW 6 ave.
Suite, Apt. #, etc. # 504	Suite, Apt. #, etc. # 504
City & State Miami, FL	City & State Miami, FL
Zip 33130	Zip 33130
Country	Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2257320	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  ACOSTA, NANCY M <del>863 SW 4TH STREET</del> <del>APT. 5</del> <del>MIAMI, FL 33130</del>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 SW 6 ave. City Miami FL Zip Code 33130
---	--

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 re-registering) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, NANCY M <del>863 SW 4TH STREET</del> <del>MIAMI, FL 33130</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 SW 6 ave. # 504 Miami, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, ELDA E <del>863 SW 4TH STREET</del> <del>MIAMI, FL 33130</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 SW 6 ave # 504 Miami, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTILLO, CRISTIAN <del>863 SW 4TH STREET</del> <del>MIAMI, FL 33130</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 SW 6 ave. # 504 Miami, FL 33130
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 100095885331 04/05/07--01029--025 ***300.00
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
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 B 3/2/07

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 # \_\_\_\_\_