


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90031 039 ***150.00

DOCUMENT # P05000032361					
1. Entity Name MIQUINBIN TILE CORPORATION					
Principal Place of Business 2757 PINE RIDGE DRIVE ORLANDO, FL 32821			Mailing Address 2757 PINE RIDGE DRIVE ORLANDO, FL 32821		
2. Principal Place of Business - No P.O. Box # 2757 PINE RIDGE DRIVE		3. Mailing Address 2757 PINE RIDGE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL		4. FEI Number 20-2430990	
Zip 32780		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, GISELA C 11633 BALTIC ST ORLANDO, FL 32817 <i>Gisela DIAZ 2757 PINE RIDGE DR TITUSVILLE FL 32780</i>			7. Name and Address of New Registered Agent Name: DIAZ, GISELA C. Street Address (P.O. Box Number is Not Acceptable): 2757 PINE RIDGE DRIVE City: TITUSVILLE FL Zip Code: 32780		
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: <i>[Signature]</i> DATE: 4-7-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P DIAZ, GISELA C <input type="checkbox"/> Delete 11633 BALTIC ST ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gisela DIAZ</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2757 PINE RIDGE DR TITUSVILLE FL 32780	
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	
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	
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-7-08 407-448-9389 Date Daytime Phone #		