2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000051078

1. Entity Name
VILLABLANCA TILE, INC.

Principal Place of Business	Mailing Address
5506 SW 128 AVE MIAMI, FL 33175	5506 SW 128 AVE MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

01152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2632272	Not Applicable

5. Certificate of Status Desired · ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASIMIRO, JUAN
5506 SW 128 AVE
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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)

U000000750473
05/18/07-80056-061 8.75
U000000750473
05/18/07-80056-060 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	CASIMIRO, JUAN
STREET ADDRESS	5506 SW 128 AVE
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ✓ _____   ✓04/22/07   3052234836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   *Date   Daytime Phone #