2007 FOR PROFIT ORPORATION ANNUAL REPORT (AR)

Aug 17, 2007 8:00 am Secretary of State DOCUMENT #P06000103605 1. Entity Name 08-17-2007 90030 002 ***150.00 EPIFANIO MOTA TILE&MARBLE INSTALLATION INC. Principal Place of Business Mailing Address 7807 COUNTRY CHASE AVE. 7807 COUNTRY CHASE AVE. LAKELAND FL 33810 LAKELAND FL 33810 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3105 Marsh 3105 MARS ARDOR Suite, Apt. #, etc Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number Applied For 59-3682543 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name MOTA, EPIFANIO Street Address (P.O. Box Number (dceptable) 3105 MARSH HARBOR PL. ORLANDO FL 32827 Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. X 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE [7] Change Addition MOTA, EPIFANIO NAME NAME STREET ADDRESS 3105 MARSH HARBOR PL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32827 CITY - ST - 7IP TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Oeiete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 attac with an address. other like empowered

STREET ADDRESS

CITY-SI-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: TED NAME OF SIGNING OFFICER OF DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Change

☐ Addition

FILED

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201-0023

ATTACHMENT 40/29499 #106000/0360>

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EPIFANIO MOTA TILE & MARBLE

Date of this notice: 07-30-2007

Employer Identification Number: 90-0332250

Form: 1120

Number of this notice: CP 576 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

01937

INSTALLATION INC 3105 MARSH HARBOR PL ORLANDO FL 32827

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 1120 for tax period 122006, we found that your form didn't have a valid Employer Identification Number (EIN). Our records show that no EIN assigned to this business. Since an EIN is required by law, we assigned EIN 90-0332250 to this business. Please keep this notice for your records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year generally must be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538, Accounting Periods and Methods, which is available at most IRS offices or from our Web site at www.irs.gov.

Please complete the Form SS-4, Application for Employer Identification Number, so we can complete our record of your account. Be sure to date the form and send it to us with the tear off stub from this notice. You can get Form SS-4, by calling 1-800-TAX-FORM (1-800-829-3676) or by downloading it from the IRS Web site at www.irs.gov.

If you already have an EIN for this business, please send a copy of the notice you received assigning you that EIN, along with the tear off stub from this notice, so we can update our records.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.