2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY 19 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04152008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000010691

1. Entity Name
J. DECOR MARBLE & TILE, CORP.

Principal Place of Business	Mailing Address
2063 NE 180 ST NORTH MIAMI BEACH, FL 33162 US	2063 NE 180 ST NORTH MIAMI BEACH, FL 33162 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-8329414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE C
2063 NE 180 ST
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 [signature] 4/15/08 .
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP RAMOS, JOSE C 2063 NE 180 ST NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900130927309 06/05/08--01043--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AB 5/21	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/15/08 .
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 Annual Report form 2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 MAY 19 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000001105

1. Corporation Name
Francisco Morazan Honduran Integrated Organization Inc.
Cross Reference Name
Organizacion HondurenaIntengrada Francisco Morazan Inc.

2. Principal Office Address	3. Mailing Office Address
43 N.W. 27 Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
None	None
City & State	City & State
Miami Florida	Miami Florida
Zip / Country	Zip / Country
33125 / USA	33125 / USA.

4. Date Incorporated or Qualified To Do Business in Florida 2-24-98

5. FEI Number 65-0827364 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

600130925356
06/05/08--01039--028 **61.25
600130925356
06/05/08--01039--029 **8.75
600130925356
06/05/08--01039--030 **5.00

Name: Francisco Portillo
Street Address (P.O. Box Number is Not Acceptable): 43 N.W. 27 Avenue
Suite, Apt. #, Etc.: None
City: Miami
State: FL
Zip Code: 33125

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Francisco Portillo	43 N.W,.27 Avenue	Miami Fl.33125
V	Juan M. Zelaya	1332 S.W. 5th St. Apt. 6	Miami Fl.33135
S	Cesar Pineda	43 N.W. 27 Avenue	Miami Fl.33125
T	Luis E. Colindres	15925 S.W. 102 Place	Miami Fl.33157

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Francisco Portillo 04-26-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date