

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000010691		
1. Entity Name J. DECOR MARBLE & TILE, CORP.		

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

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

66006917



04152008 Chg-P CR2E034 (12/06)

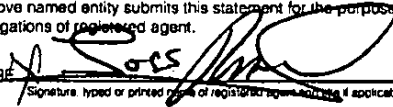
4. FEI Number 20-8329414	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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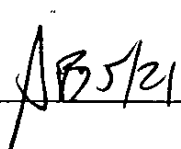
6. Name and Address of Current Registered Agent RAMOS, JOSE C 2063 NE 180 ST NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

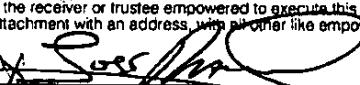
SIGNATURE:  DATE: 4/15/08

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
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10. OFFICERS AND DIRECTORS	
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	 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 900130927309 06/05/08--01043--011 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  DATE: 4/15/08

2008 Annual Report Form 2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 98000001105

1. Corporation Name
Francisco Morazan Honduran Integrated Organization Inc.

Cross Reference Name
Organizacion HondurenaIntengrada Francisco Morazan Inc.

2. Principal Office Address
43 N.W. 27 Avenue

3. Mailing Office Address
Same

Suite, Apt. #, etc.
None

City & State
Miami Florida

Zip
33125

Country
USA

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

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

5. FEI Number
65-0827364

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

7. Name and Address of Current Registered Agent

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)(f), 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