## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000082470  1. Entity Name CERAMIC BY ROVES, INC.					08 SEP 16 PM 4: 14				
Principal Place of Business Mailing Address					08 SE.P	16 PFI	in in the		
	1 CT, CUTLER BAY	Mailing Address 19811 SW 81 CT, CUTL MIAMJ, FL 33189	19811 SW 81 CT, CUTLER BAY		KLLAH	ASSEE, F	LORID	Α	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (	12/06)		
City & State	B	City & State	City & State		2670	610	· · ·	olied For Applicable	
Zip	Country	Zip	Country		of Status Desired	_ <sub>53</sub> . \$8.	75 Addit	tional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New I				
ROVES, JOSE L									
	81 CT, CUTLER BAY	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
			City			r L	Zip Code		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or i	egistered agent, or bo	th, in the State of Fi	orida. Tam fami	liar with, a	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE	: Registered Agent signatur	a required when renatating)		DATE			
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.19	3(2)(b), f e prior n	S., the otice.	
10.	IO. OFFICERS AND DIRECTORS			ADDITIONS	CHANGES TO OF			IN 11	
TITLE Name	P ROVES, JOSE L	☐ Delete	TITLE NAME	1.	00105		Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP	19811 SW 81 CT, CUTLER BAY MIAMI, FL 33189		STREET ADDRESS CITY-ST-ZIP	03/1	00135 6/080103	2021	**158	.75	
TITLE	V	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, NAYVIK 19811 SW 81 CT, CUTLER BAY MIAMI, FL 33189		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition .	
NAME STREET ADDRESS			NAME STREET ADDRESS					ļ	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP				Change	☐ Addition	
NAME			NAME			_	•	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Oelete	TITLE NAME				Change	☐ Addition	
NAME STREET ADDRESS			STREET ADORESS						
CITY-ST-ZIP	<u> </u>		CITY+ST-ZIP			1.7.14	h-14 1		
	certify that the information supplied wit on this report or supplemental report i rporation or the receiver or trustee emp , or on an attachment will an address.								
SIGNAT	TURE: 6 FOR	**	<del></del> -	9/1	1/08 (	786 35	6-5	1895	
	SIGNATURE AND TYPED OR	PRINTED-RAME OF SIGNING OFFICER	OR DIRECTOR		Date	/ Daytin	e Phone #		

9/11/20