


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90991 014 ***150.00

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| DOCUMENT # P34706 |  |
| 1. Entity Name LTS CERAMICS, INC. | |

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| Principal Place of Business 502 PALM STREET # 17 WEST PALM BEACH, FL 33401 US | Mailing Address 502 PALM STREET # 17 WEST PALM BEACH, FL 33401 US |
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50046587



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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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03312005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 13-3581160 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DIVERSIFIED FINANCIAL SER 1971 PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952 | 7. Name and Address of New Registered Agent Name: <u>Taoufik Maktouf</u> Street Address (P.O. Box Number is Not Acceptable): <u>502 Palm St. #17</u> City: <u>West Palm Beach</u> FL Zip Code: <u>33401</u> |
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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) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAKTOUF, TAOUIK 2602 S. DIXIE HWY. #3B WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MAKTOUF, SAMIR 1045 ADMIRALS WALK VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>502 Palm St. #17</u> <u>West Palm Beach FL 33401</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MAKTOUF, ADEL 2602 S. DIXIE HWY #3B WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: T. Maktouf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Taoufik Maktouf
Date 4/29/05 Daytime Phone # 561-655-0766