

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000016688

FILED
Apr 24, 2009
Secretary of State

Entity Name: SANTAFE TILE CORPORATION

Current Principal Place of Business:

8825 NW 95 ST
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

8825 NW 95 ST
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 65-0390492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, RAFAEL
1920 LAKESHORE DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: CSVANY, KATRIN
Address: 9713 N NEW RIVER CANAL RD, #303
City-St-Zip: PLANTATION, FL 33324 US

Title: DT () Delete
Name: RESTREPO, JUAN
Address: 8825 NW 95 STREET
City-St-Zip: MIAMI, FL 33178 US

Title: SD () Delete
Name: PEREA, ENRIQUE
Address: 8825 NW 95 STREET
City-St-Zip: PALM BEACH, FL 33480 US

Title: P () Delete
Name: BOTERO, ALEJANDRO
Address: 8825 NW 95 STREET
City-St-Zip: MIAMI, FL 33178 US

Title: D () Delete
Name: CASTILLO, RAFAEL
Address: 1920 LAKESHORE DRIVE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: FORSTER, KATRIN
Address: 9713 N NEW RIVER CANAL RD, #303
City-St-Zip: PLANTATION, FL 33324 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATRIN FORSTER

AS

04/24/2009

Electronic Signature of Signing Officer or Director

Date