2011

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED
2011 AUG 17 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/19/11--01026--001 **550.00

CR2E034B (11/08)

DOCUMENT # P93000019803

1. Entity Name

Estevez Tile and marble, INC.

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1314 E. Las Olas Blvd.	1314 E. Las olas Blvd.
Suite, Apt. #, etc. #96	Suite, Apt. #, etc. #96
City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33301 Country USA	Zip 33301 Country USA

4. FEI Number 650395417 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ramon Estevez

Street Address (P.O. Box Number is Not Acceptable): 1314 E Las olas Blvd #96

City: Fort Lauderdale FL Zip Code: 33301

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: Ramon Estevez President 8-18-2011
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Ramon Estevez
STREET ADDRESS	1314 E Las olas Blvd #96
CITY-ST-ZIP	Fort Lauderdale FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramon Estevez President 8-18-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #