


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90038 003 ***150.00

DOCUMENT # P93000020202		
1. Entity Name MIAMI TILE, CORP.		
Principal Place of Business 24650 SW 129 AVE HOMESTEAD FL 33032 US		Mailing Address 24650 SW 129 AVE HOMESTEAD FL 33032 US

34040000



MOORE CR2E034-(11/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0472847		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		Zip		Country

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RAMKISSOON, MOHAN 9770 S.W. 215 LANE MIAMI FL 33189				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMKISSOON, MOHAN			NAME			
STREET ADDRESS	9770 S.W. 215TH LANE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33189			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMKISSOON, SHEREEN J			NAME			
STREET ADDRESS	9770 S.W. 215TH LANE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33189			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: MOHAN RAMKISSOON *Mohan Ramkisson* 4-6-04 305-258-0433
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # P93000020202

Miami Tiles Installation

24650 S.W. 129 Avenue
Homestead, FL 33032



(305) 258-0433

License # CC000019132

~~4-6-04~~

Please change the address in no.6 , no. 10 (V & VP)
to 24650 SW 129 AVE
Homestead Fl, 33032

Thank You,

Mohan Ramkissoon
MOHAN RAMKISSOON