## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT # P93000024478** DON TALLET TILE III, INC. Mailing Address Principal Place of Business 4401 NW 7 STREET 4401 NW 7 ST MIAMI, FL 33126 MIAMI, FL 33126 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0401447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUACES, LORENZO L 4401 NW 7 ST MIAMI, FL 33126 IN THIS SPACE 5. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LUACES, LORENZO L NAME STREET ADDRESS 4401 NW 7 STREET GTY-51-28 MIAMI, FL 33126 TITLE NAME U00000551302 05/13/06-80031-022 150.00 STREET ADDRESS CRY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MIF NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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.

OFCNZOL. LOGGES OY-26-06

Davrime Phone #

BIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR