

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000024887**

1. Entity Name  
CUBAN TROPIC TILE INC.



Principal Place of Business  
3632 N.W. 37TH AVE.  
MIAMI, FL 33142

Mailing Address  
3632 N.W. 37TH AVE.  
MIAMI, FL 33142



05092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0406731

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CURIEL, RAMON E  
570 SABAL PALM DR  
KEY BISCAYNE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

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

000000159886  
05/12/04-80005-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CURIEL, RAMON E  
570 SABAL PALM DR  
KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CURIEL, ARACELIS  
570 SABAL PALM DR  
KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Ramon Curiel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/04 768-287-2924  
Date Daytime Phone #