## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000047642

PRADO, AMY

5393 NW 55TH TERRACE

COCONUT CREEK, FL 33073

Name:

Address:

City-St-Zip:

FILED Jan 06, 2004 Secretary of State

Entity Name: JHONNY PRADO TILE INC. **Current Principal Place of Business: New Principal Place of Business:** 4100 N. POWERLINE RD POMPANO BEACH, FL 33073 **New Mailing Address: Current Mailing Address:** 4100 N. POWERLINE RD POMPANO BEACH, FL 33073 FEI Number: 65-0503037 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRADO, JHONNY PRADO, JHONNY 4980 NW 101ST AVE 5393 NW 55TH TERRACE CORAL SPRINGS, FL 33076 COCONUT CREEK, FL 33073 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: JHONNY PRADO 01/06/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PRADO, JHONNY Name: Name: 4980 NW 101 AVE. Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition PRADO, AMY Name: Name: 4980 NW 101 AVE. Address: Address: CORAL SPRINGS, FL 33076 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition PRADO, WILLIAM Name: Name: 6598 SALEM STREET Address: Address: City-St-Zip: N. LAUDERDALE, FL 33068 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: AMY PRADO 01/06/2004