

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000061818

1. Entity Name  
TILES & STONES, INC.



FILED

08 DEC -1 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1777 N.W. 72ND AVENUE  
MIAMI, FL 33126

Mailing Address  
1777 N.W. 72ND AVENUE  
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11212008

Chg-P

CR2E034 (12/06)

4. FEI Number  
65-0610356

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMAS, JOSE M  
1777 N.W. 72ND AVENUE  
MIAMI, FL 33126

Name  
ENRIQUE PADRON

Street Address (P.O. Box Number is Not Acceptable)

1777 N.W. 72 AVE.

City MIAMI

FL

Zip Code 33126

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TOMAS, JOSE T 1777 N.W. 72ND AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOMAS, JOSE M 1777 N.W. 72 AVENUE MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOMAS, CARMEN S 1777 N.W. 72 AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PADRON, ENRIQUE 1777 N.W. 72 AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENESES, OSCAR 1777 N.W. 72 AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800138346038 12/01/08--01072--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-21-08 (305) 718-8133