FILED
Sep 10, 2004 8:00 am
Secretary of State
08-18-2004 90006 030 ***558.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000082961

1. Entity Name
GALERIA TILE INC

66433392

07082004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6230 MIRAMAR PARKWAY MIRAMAR, FL 33023 US	6230 MIRAMAR PARKWAY MIRAMAR, FL 33023 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0619415 ☐ 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
MACIAS, FRANCISCO ~~8701 SW 21ST STREET~~ ~~MIAMI, FL 33165~~	Name Street Address (P.O. Box Number is Not Acceptable): 4655 SW 89 Ave City: MIAMI FL Zip Code: 33165

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: X _____ DATE: 7/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS MACIAS, FRANCISCO ~~8701 SW 21 STREET~~ ~~MIAMI, FL 33165~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD 4655 SW 89 AVE MIAMI, FL 33165	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT/D MACIAS, FRANCISCO J. 2451 BRICKELL AVE. N°7E MIAMI, FL. 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D ALBA T. MACIAS 4655 SW 89 AVE MIAMI, FL 33165.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X FRANCISCO MACIAS 7/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #