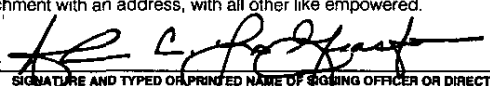


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000042201 1. Entity Name BONITA CUSTOM TILE, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">04 JUN 25 PM 1:09</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2822 OLD 41 RD #401 BONITA SPRINGS, FL 34135 US				Mailing Address 2822 OLD 41 RD #401 BONITA SPRINGS, FL 34135 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0682696				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAGRASTA, SERGIO 27810 VILLAGE DR. #16 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; text-align: center;"> 800038414108 06/29/04--01021--004 **61.25 </div> City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	LAGRASTA, SERGIO	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28220 OLD 41 RD #401		NAME			
STREET ADDRESS		BONITA SPRINGS, FL 34135		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		VPT	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		LAGRASTA, ALICIA		NAME			
STREET ADDRESS		28220 OLD 41 RD #401		STREET ADDRESS			
CITY-ST-ZIP		BONITA SPRINGS, FL 34135		CITY-ST-ZIP			
TITLE		T	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		LA GRASTA, ALICIA		NAME			
STREET ADDRESS		28220 OLD 41 RD #41		STREET ADDRESS			
CITY-ST-ZIP		BONITA SPRINGS, FL 34135		CITY-ST-ZIP			
TITLE		S	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		LAGRASTA, ALICIA		NAME			
STREET ADDRESS		28220 OLD 41 RD #401		STREET ADDRESS			
CITY-ST-ZIP		BONITA SPRINGS, FL 34135		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	D	SERGIO J. LAGRASTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME		28220 OLD 41 RD. #401	
STREET ADDRESS				STREET ADDRESS		BONITA SPRINGS, FL 34135	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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:  VP, S.T.				Date: 6-22-04 Daytime Phone #: 239 947-4399			