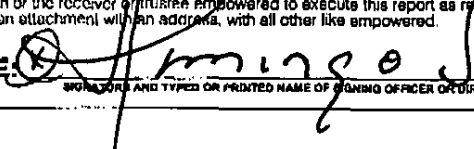


FROM :ABELAIRAS

FAX NO. :7864971900

Jan. 30 2006 03:58PM P2

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**FILED
FEB -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067157					
1. Entity Name ASSOCIATES TILE MANUFACTURER, CORP.					
Principal Place of Business 10651 NW 132 ST BAY #3 HIALEAH GARDENS, FL 33018			Mailing Address 10651 NW 132 ST BAY #3 HIALEAH GARDENS, FL 33018		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
.Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent JIMENEZ, DOMINGO 215 W. 60 STREET HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 renewing) 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	D ☐ Delete				
NAME	JIMENEZ, DOMINGO				
STREET ADDRESS	215 W. 60 STREET				
CITY-ST-ZIP	HIALEAH, FL 33012				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	VICE PRESIDENT- SECRETARY ☐ Change ☒ Addition				
NAME	DORA JIMENEZ				
STREET ADDRESS	12869 S.W. 24 STREET				
CITY-ST-ZIP	MIRAMAR, FL. 33027 ☐ Change ☐ Addition				
TITLE	☐ Change ☐ Addition				
NAME	900066128099				
STREET ADDRESS	02/17/06--01014--014 **\$61.25				
CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		1/30/06		305-820-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

T. Roberts FEB 09 2006