

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90038 017 ***150.00

DOCUMENT # P97000082114					
1. Entity Name INTERNATIONAL TILE CORPORATION					
Principal Place of Business 3318 NW 79 AVE UNIT 8A MIAMI, FL 33122			Mailing Address 7800 NW 32ND ST. MIAMI, FL 33122		
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 ORTIZ, IVAN 7800 NW 32ND ST. MIAMI, FL 33122				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____					
9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTIZ, IVAN		NAME		
STREET ADDRESS	7231 S.W. 140 AVE.		STREET ADDRESS	7800 NW 32 ST	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTIZ, ROSEMARIE A		NAME		
STREET ADDRESS	7231 SW 140TH AVE		STREET ADDRESS	7800 NW 32 ST	
CITY-ST-ZIP	MIAMI, FL 33183149		CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change
NAME			NAME	ORTIZ, CHRISTOPHER	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	7800 NW 32 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
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: <u>IVAN ORTIZ</u>		Date: <u>2/5/04</u>		Daytime Phone #: <u>305-591-8140</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					