

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90091 050 \*\*\*150.00

**DOCUMENT # P98000009659**

1. Entity Name

EXOTIC CONCRETE TILES, CORP.



Principal Place of Business

3273 HOLLYWOOD BLVD  
#1  
HOLLYWOOD FL 33021

Mailing Address

16241 SW 2ND DRIVE  
PEMBROKE PINES FL 33027

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

65-0814000

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

NOSTHAS-MANUEL, ANA  
16241 SW 2ND DRIVE  
PEMBROKE PINES FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOSTHAS-MANUEL, ANA	
STREET ADDRESS	16241 SW 2ND DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOSTHAS, VICTOR	
STREET ADDRESS	16241 SW 2ND DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	STD Treasurer	<input type="checkbox"/> Delete
NAME	NOSTHAS, SANTA I	
STREET ADDRESS	16241 SW 2ND DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	Secretary Luis Manuel	<input type="checkbox"/> Delete
NAME	Luis Manuel	
STREET ADDRESS	16241 S.W. 2nd drive	
CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Manuel	
STREET ADDRESS	16241 S.W. 2nd drive	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:**

*Ana Nosthas-Manuel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/04 (954) 981-9440