

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 010 ***150.00

DOCUMENT # P98000020769

1. Entity Name
DIAZ RAUL TILES, CORP.



Principal Place of Business
**331 SW 136 AVE
MIAMI, FL 33184**

Mailing Address
**331 SW 136 AVE
MIAMI, FL 33184**

94058841

2. Principal Place of Business
1504 SW 143rd Place
Suite, Apt. #, etc.

3. Mailing Address
1504 SW 143rd Place
Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)



City & State
Miami, Fl.

City & State
Miami, Fl.

4. FEI Number
65-0814915

Applied For
Not Applicable

Zip
33175

Country
USA

Zip
33175

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, RAUL JR
331 SW 136 AVE
MIAMI, FL 33184**

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

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**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DIAZ, RAUL JR
STREET ADDRESS 331 SW 136 AVE
CITY-ST-ZIP MIAMI, FL 33184

TITLE SD ☐ Delete
NAME DIAZ, RUBEN
STREET ADDRESS 331 SW 136 AVE
CITY-ST-ZIP MIAMI, FL 33184

TITLE TD ☐ Delete
NAME DIAZ, JUAN C
STREET ADDRESS 2345 SW 138TH AVE
CITY-ST-ZIP MIAMI, FL 33175

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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:

Raul Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diaz, Raul

04-12-04

305-559-5413

Date

Daytime Phone #