2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P98000055932** 1. Entity Name 04-11-2005 90141 007 ***150.00 UNITED TILE UNLIMITED, INC. Principal Place of Business Mailing Address 7800 NW 32ND ST 7800 NW 32ND ST MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 CR2E034 (10/03) Chq-P City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSEMARIE-ORSIZ ORTIZ, IVAN Street Address (P.O. Box Number is Not Acceptable) 7800 NW 32ND ST MIAMI, FL 33122 7800 NW 35 ST 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. (NOTE: Recistered Agent signature required when reinstating) d agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Z Oelete TITLE ☐ Change ORTIZ, IVAN NAME NAME 7800 NW 32ND ST STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP PSD VSD Change TITLE ☐ Detete TITLE Addition ORTIZ, ROSEMARIE NAME NAME STREET ADDRESS 7800 NW 32ND ST STREET ADDRESS MIAMI, FL 33122 DIY-ST-7P CITY-ST-7/P TITLE ☐ Delete TITLE Addition ORTIZ CHRISTOPHER 7800 NW 32 ST MIAMI, R. 33172 NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F Debtition ORTIZ, IVAN V. 7800 NW 32 ST NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL. 33122 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete III F Channe ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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.

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