2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000056891

1. Entity Name BEST TILE OF MIAMI INC.

FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

8883 N.W. 177 TERRACE HIALEAH, FL 33018

Mailing Address

8883 N.W. 177 TERRACE HIALEAH, FL 33018



03152008 No Chg-P CR2E034 (11/05)

4. FEI Number

Applied For

				65-084	16809		Not Applicable	
				5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional uired	
	6. Name and Address of Current Regis	tered Agent		<u> </u>		,		
AMADOR, SALVADOR 8883 N.W. 177 TERRACE HIALEAH, FL 33018				DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or regi	stered agent, or bo	oth, in the State of Florida	a. I am familiar v	rith, and accept	
SIGNATURE Signature: typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent algorithm required when reinstating) DATE								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe			U00000907711 05/05/08-80049-006 150.00			
10.	OFFICERS AND DIREC	CTORS			, , , , , , , , , , , , , , , , , , , ,			
PITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AMADOR, SALVADOR 8883 N.W. 177 TERRACE HIALEAH, FL 33018			•	, ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMADOR, YADIRA S 8883 N.W. 177 TERRACE HIALEAH, FL 33018				7.1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMADOR, SALVADOR A 8883 NW 177 TERRACE HIALEAH, FL 33018		ديد ديسم ش	DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPA	ACE .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					5 · · · · · · · · · · · · · · · · · · ·			
TITLE								

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:

STREET ADDRESS CITY-ST-ZIP

-08 7305)216-4118