

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000089288

1. Entity Name
SIXTO TILES CORPORATION



Principal Place of Business

**9541 SW 40 STREET
MIAMI, FL 33165**

Mailing Address

**6541 SW 40 ST
MIAMI, FL 33165**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number **65-0872314** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, LAZARA G
10241 S.W. 142ND COURT
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000549763
05/13/06-00033-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MACHADO, MARITZA**
STREET ADDRESS **11030 SW 148 PLACE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VD**
NAME **CABRERA, LAZARO**
STREET ADDRESS **3930 SW 107 AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Maritza Machado* *Maritza Machado* 04/26/06 (305) 220-1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #