

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90079 047 ***150.00

20061854




07012005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0890741** Applied For
 Not Applicable

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

DOCUMENT # P99000006736
 1. Entity Name
ODM TILE CORP.



Principal Place of Business
**5262 NW 168TH TERR.
 MIAMI, FL 33055**

Mailing Address
**5262 NW 168TH TERR.
 MIAMI, FL 33055**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MORAL, OSCAR D
 5262 NW 168TH TERR.
 MIAMI, FL 33055**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAL, OSCAR D 5262 NW 168TH TERR. MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **17/1/05** **(305)389 0818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
20061884
#P99000006736

ODM Tile Corp
5262 NW 168 Terr
Miami, Florida 33055

July 1, 2005

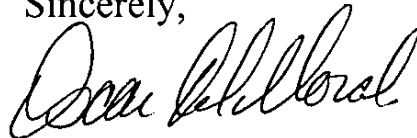
Division of Corporation

To Whom It May Concern:

Just receive a card indicating that my Corporation is going to be closed. I do not know how this happens. But, I have not received any information previously indicating I needed to do anything until the card mentioned.

Please find enclosed the annual report with the annual fee, \$150.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Del Moral".

O. Del Moral.