2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91024 016 ***150.00

DOCUMENT # P99000009044

1. Entity Name
MILES BY THE TILES AND MARBLE INC.

94081885

Principal Place of Business	Mailing Address
15430 SW 81ST CR LINE #86 MIAMI, FL 33193	15430 SW 81ST CR LINE #86 MIAMI, FL 33193

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2920 SW 107 Ave.		2920 SW 107 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33165	Country	Zip: 33165	Country

4. FEI Number 65-0898205 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUERRA, IVAN 15430 SW 81ST CR LINE #86 MIAMI, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) 2920 SW 107 Ave. City MIAMI FL Zip Code 33165

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GUERRA, IVAN 15430 SW 81ST CR LINE MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2920 SW 107 Ave. MIAMI FL 33165	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMOS, YOSVANDY 6605 SW 95 AVENUE MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12110 SW 191 TERRACE MIAMI FL 33177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 04/29/04 (305) 485-9256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #