

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55251

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: GATTORNO TILE, CORP.

## Current Principal Place of Business:

1098 WEST 43RD PLACE  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 126612  
HIALEAH, FL 330126612 US

## New Mailing Address:

FEI Number: 65-0358511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GATTORNO, RAFAEL  
1098 WEST 43RD PLACE  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GATTORNO, RAFAEL  
Address: 1098 WEST 43RD PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete  
Name: GONZALEZ, CARIDAD  
Address: 1098 WEST 43RD PLACE  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL GATTORNO

P

03/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date