

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90175 025 ***150.00

DOCUMENT # 008216

1. Entity Name **URO-TILE, INC.** **698216**

Principal Place of Business: **102 NW 4 ST BOCA RATON FL 33492**

Mailing Address: **102 NW 4 ST BOCA RATON FL 33432**

2. Principal Place of Business: **SAME AS ABOVE**

3. Mailing Address: **SAME AS ABOVE**

Suits, Apt. #, etc. _____

City & State _____

Zip _____ Country _____



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2118523** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: **SCHIFFER, CECILIA 21835 EL BOSQUE WAY BOCA RATON FL 33428**

7. Name and Address of New Registered Agent:

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 *Cecilia Schiffer* DATE **2-20-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$250.00
Make Check Payable to Florida Department of State

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	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFER, CECILIA		NAME		
STREET ADDRESS	21835 EL BOSQUE WAY		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33428		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFER, HENRY		NAME		
STREET ADDRESS	21835 EL BOSQUE WAY		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33428		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFER, HELENA		NAME		
STREET ADDRESS	8541 VIA REGINA		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Cecilia Schiffer* DATE **2-20-06** (581) 394-6701