

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90014 035 ***150.00



DOCUMENT # 698216
 1. Entity Name
URO-TILE, INC.

Principal Place of Business Mailing Address
 102 NW 4 ST
 BOCA RATON FL 33432 102 NW 4 ST
 BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #
SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2116523 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIFFER, CECILIA
100 NW 10TH AVE
BOCA RATON FL 33486

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 _____ DATE _____
(Signature, typed or printed name of registered agent and his/her spouse. (NOTE: Registered Agent Signature required when changing))

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHIFFER, CECILIA 21835 EL BOSQUE WAY BOCA RATON FL 33428	<input type="checkbox"/> Delete <i>New Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIFFER, HENRY 21835 EL BOSQUE WAY BOCA RATON FL 33428	<input type="checkbox"/> Delete <i>New Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHIFFER, HELENA 6541 VIA REGINA BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-president Cecilia Schiff</i> 100 N.W. 10TH AVE; Schiffers BOCA RATON-FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Henry Schiff</i> 100 N.W. 10TH AVE; BOCA RATON-FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: *Cecilia Schiff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-25-08(1561)394-6701
 Date Designation