

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90240 042 ***150.00

DOCUMENT # M88691 1. Entity Name TOTAL CERAMIC TILE, INC.	
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40065633



Principal Place of Business 626 S ECON TRL ORLANDO, FL 32825 US	Mailing Address 626 S ECON TRL ORLANDO, FL 32825 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04072007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2897495	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELTEDESCO, ALDO J 626 S ECON TRL ORLANDO, FL 32825	7. Name and Address of New Registered Agent Name <u>DELTEDESCO ANGELO</u> Street Address (P.O. Box Number is Not Acceptable) <u>626 S. ECON TR.</u> City <u>ORLANDO</u> FL Zip Code <u>32825</u>
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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 Angelo A. Deltesco ANGELO DELTEDESCO - PRESIDENT 4-7-07
(NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELTEDESCO, ALDO 626 S ECONOLOCKHATCHEE TR ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELTEDESCO, ANGELO 626 S ECONOLOCKHATCHEE TRL. ORLANDO, FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
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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 exemptions contained 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 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: Angelo A. Deltesco ANGELO DELTEDESCO 4-7-07 (407) 382-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #