

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047691

FILED
Feb 23, 2007
Secretary of State

Entity Name: LUIGI TILE, INC.

Current Principal Place of Business:

15700 SW 141ST ST
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15700 SW 141ST ST
MIAMI, FL 33196

New Mailing Address:

FEI Number: 65-1013576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONE, LUIGI
15700 SW 141ST ST
MIAMI, FL 33196 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: LUIGI, SIMONE
Address: 15700 SW 141ST ST
City-St-Zip: MIAMI, FL 33196

Title: V () Delete
Name: SIMONE, MARIANA
Address: 15704SW 139ST
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: SIMONE, LESLYE
Address: 15700 SW 141ST ST
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUIGI, SIMONE
Address: 15700 SW 141ST STREET
City-St-Zip: MIAMI, FL 33196

Title: V (X) Change () Addition
Name: SIMONE, MARIANA
Address: 15700 SW 141ST STREET
City-St-Zip: MIAMI, FL 33196

Title: S (X) Change () Addition
Name: SIMONE, LESLIE
Address: 15700 SW 141ST STREET
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIGI SIMONE

P

02/23/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date