

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027710

FILED  
Jun 13, 2011  
Secretary of State

**Entity Name:** TILE DOCTOR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

8612 OTTER CREEK COURT  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

8612 OTTER CREEK COURT  
ORLANDO, FL 32829

**New Mailing Address:**

FEI Number: 73-1630917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOMEZ, LUIS F  
8612 OTTER CREEK COURT  
ORLANDO, FL 32822 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOMEZ, LUIS F  
Address: 8612 OTTER CREEK COURT  
City-St-Zip: ORLANDO, FL 32829

Title: ST  
Name: ALICEA, MYRIAM  
Address: 8612 OTTER CREEK COURT  
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

SIGNATURE: MYRIAM ALICEA

ST

06/13/2011

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

\_\_\_\_\_  
Date