

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104401

Entity Name: BASIL DEMARI TILE INC.

FILED  
Apr 27, 2008  
Secretary of State

**Current Principal Place of Business:**

5319 SW. 22ND. AVE.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5319 SW. 22ND. AVE.  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 68-0523388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMARI, BASIL  
5319 SW. 22ND. AVE.  
CAPE CORAL, FL 33914 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: DEMARI, BASIL  
Address: 5319 SW 22 ND AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete  
Name: DEMARI, SANDRA  
Address: 5319 SW 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA DEMARI

VP

04/27/2008

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

\_\_\_\_\_ Date