

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90084 008 \*\*\*150.00

**DOCUMENT # P03000008421**

1. Entity Name  
**SAMPA TILE CORPORATION**



Principal Place of Business  
**1201 NW 15TH CT #2  
 BOCA RATON, FL 33486**

Mailing Address  
**1201 NW 15TH CT #2  
 BOCA RATON, FL 33486**

2. Principal Place of Business  
**299 SW 6th ST**

Suite, Apt. #, etc.

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State

Zip  
**33432**

Country  
**FLM BCH**



03082005 Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0443083**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FERREIRA, MARCELO  
 1201 NW 15TH CT #2  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

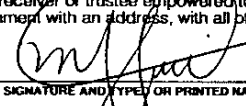
DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME <b>FERREIRA, MARCELO</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>299 SW 6th ST</b>
STREET ADDRESS <b>1201 NW 15TH CT #2</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>	STREET ADDRESS <b>BOCA RATON, FL 33432</b>	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:?**  **03/08/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #