


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90011 022 ***150.00

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1. Entity Name
SAMPA TILE CORPORATION



Principal Place of Business Mailing Address
299 SW 6TH ST **1201 NW 15TH CT #2**
BOCA RATON, FL 33432 **BOCA RATON, FL 33486**

2. Principal Place of Business 3. Mailing Address
2101 SW 15TH AVE **2101 SW 15TH AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOYNTON BEACH, FL **BOYNTON BEACH, FL**
 Zip Country Zip Country
33426 **PALM BEACH** **33426** **PALM BEACH**



03132006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
51-0443083 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FERREIRA, MARCELO
1201 NW 15TH CT #2
BOCA RATON, FL 33486

Name
 Street Address (P.O. Box Number is Not Acceptable)
2101 SW 15TH AVE
 City State Zip Code
BOYNTON BEACH FL 33426

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, MARCELO 299 SW 6TH ST BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 SW 15TH AVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREIRA DA SILVA, LUIZ C 299 SW 6TH ST. BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 SW 15TH AVE BOYNTON BEACH, FL 33426
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ASSIS MEDINA, FLAVIO 299 SW 6TH ST BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR