# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# P04000093539

**Entity Name:** PERFECT TILE CONTRACTORS, INC

**Current Principal Place of Business:**

3121 S. SEMORAN BLVD
APT 287
ORLANDO, FL 32822 US

**New Principal Place of Business:**

1858 BRIDGE VIEW CIR
ORLANDO, FL 32824 US

**Current Mailing Address:**

3121 S. SEMORAN BLVD
APT 287
ORLANDO, FL 32822 US

**New Mailing Address:**

1858 BRIDGE VIEW CIR
ORLANDO, FL 32824 US

**FEI Number: 20-1262766** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LARSON, CAROLINE
1516 E COLONIAL DR
SUITE 107
ORLANDO, FL 32803 US

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

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
SUITE 246
ORLANDO, FL 32819 US

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: CAROLINE LARSON 04/26/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DA SILVA, NATALICIO A
Address: 3121 S. SEMORAN BLVD APT 287
City-St-Zip: ORLANDO, FL 32822 US

Title: VP ( ) Delete
Name: SILVA, HEBER F
Address: 3121 S. SEMORAN BLVD APT 287
City-St-Zip: ORLANDO, FL 32822 US

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

Title: P (X) Change ( ) Addition
Name: DA SILVA, NATALICIO A
Address: 1858 BRIDGE VIEW CIR
City-St-Zip: ORLANDO, FL 32824 US

Title: VP (X) Change ( ) Addition
Name: SILVA, HEBER F
Address: 1858 BRIDGE VIEW CIR
City-St-Zip: ORLANDO, FL 32824 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NATALICIO DA SILVA DP 04/26/2005
Electronic Signature of Signing Officer or Director Date