

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134239

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CABANA TILE, INC

## Current Principal Place of Business:

12418 EARLY RUN LN  
RIVERVIEW, FL 33569 US

## New Principal Place of Business:

5415 36TH CT E  
APT 202  
ELLENTON, FL 34222 US

## Current Mailing Address:

12418 EARLY RUN LN  
RIVERVIEW, FL 33569 US

## New Mailing Address:

5415 36TH CT E  
APT 202  
ELLENTON, FL 34222 US

FEI Number: 20-1666795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABANA, MANUEL  
12418 EARLY RUN LN  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

CABANA, MANUEL  
5415 36TH CT E  
APT 202  
ELLENTON, FL 34222 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: MANUEL CABANA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CABANA, MANUEL  
Address: 12418 EARLY RUN LN  
City-St-Zip: RIVERVIEW, FL 33569 FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CABANA, MANUEL  
Address: 5415 36TH CT E  
City-St-Zip: ELLENTON, FL 34222 US

Title: D ( ) Change (X) Addition  
Name: RAMIREZ, OSIEL  
Address: 5464 36TH CT E UNIT 206  
City-St-Zip: ELLENTON, FL 34222 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: MANUEL CABANA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date