# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# P06000052142

**Entity Name:** PF TILE CORP

**Current Principal Place of Business:**

10234 OASIS PALM DR
TAMPA, FL 33615 US

**New Principal Place of Business:**

9044 ALLEN CIR
TAMPA, FL 33615 US

**Current Mailing Address:**

10234 OASIS PALM DR
TAMPA, FL 33615 US

**New Mailing Address:**

9044 ALLEN CIR
TAMPA, FL 33615 US

**FEI Number: 20-4684800** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SANTA ROSA, PATRICK
10234 OASIS PALM DR
TAMPA, FL 33615 US

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

SANTA ROSA, PATRICK
9044 ALLEN CIR
TAMPA, FL 33615 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: PATRICK SANTA ROSA 04/01/2009
Electronic Signature of Registered Agent Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SANTA ROSA, PATRICK
Address: 10234 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615 US

Title: V ( ) Delete
Name: DA SILVA RAMOS, MARCOS
Address: 10234 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615 US

Title: S ( ) Delete
Name: VELASCO, RODRIGO
Address: 6426 WILSHIRE ST
City-St-Zip: TAMPA, FL 33615 US

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

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

Title: P (X) Change ( ) Addition
Name: SANTA ROSA, PATRICK
Address: 9044 ALLEN CIR
City-St-Zip: TAMPA, FL 33615 US

Title: V (X) Change ( ) Addition
Name: DA SILVA RAMOS, MARCOS
Address: 9044 ALLEN CIR
City-St-Zip: TAMPA, FL 33615 US

Title: S (X) Change ( ) Addition
Name: VELASCO, RODRIGO
Address: 9044 ALLEN CIR
City-St-Zip: TAMPA, FL 33615 US

Title: D ( ) Change (X) Addition
Name: MARUCCI, DOVAIR A
Address: 9044 ALLEN CIR
City-St-Zip: TAMPA, FL 33615

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: PATRICK SANTA ROSA P 04/01/2009
Electronic Signature of Signing Officer or Director Date