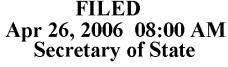
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 330603 1. Entity Name ANELLO TILE & TERRAZZO INC Principal Place of Business 1116 W. CARMEN STREET TAMPA, FL 33606







## DO NOT WRITE IN THIS SPACE

Mailing Address

TAMPA, FL 33606

1116 W. CARMEN STREET

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For |
59-1211498 | Not Applicable

5. Certificate of Status Desired | \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GUIDA, JOSEPH L 1904 W KENTUCKY AVE. TAMPA, FL 33607

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent	urpose of changing its registered	d office or r	egistered <del>age</del> nt, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.		<del> </del>					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Apent signature	Tequitation name beauting)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing 🗆	\$5.00 May Be Added to Fees	U00000534565 05/08/06-80017-006 150.00		
10.	OFFICERS AND DIREC	TORS		<del></del>	<u> </u>		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIDA, JOSEPH L 1904 W KENTUCKY AVE. TAMPA, FL 33607						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	VD CASTELLANO, KENNETH A 2118 W. KENTUCKY AVE. TAMPA, FL 33607						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, VICTORIA 6721 DONALD AVE. TAMPA, FL 33614	 .= ! 		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLSON, MARILYN J 6704 PARADISE BAY WAY TAMPA, FL 33615			IN	IN THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP							
THTLE NAME							

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

4.34.06

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