

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90068 030 \*\*\*150.00

DOCUMENT # P95000019877

1. Entity Name

TILE SOLUTIONS, INC.



Principal Place of Business

~~9990 GULF SHORE DR~~  
~~NAPLES FL 34108~~  
~~US~~

Mailing Address

~~9990 GULF SHORE DR~~  
~~NAPLES FL 34108~~  
~~US~~



2. Principal Place of Business - No P.O. Box #

9340 VANDEBILT DR.

3. Mailing Address

9340 VANDEBILT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

NAPLES FL.

City & State

NAPLES FL.

4. FEI Number

65-0563953

Applied For

Not Applicable

Zip

34108

Country

U.S.A.

Zip

34108

Country

USA

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

WERAB, MICHAEL J  
9990 GULF SHORE DR  
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 P  
NAME WERAB, MICHAEL J ☐ Delete  
STREET ADDRESS ~~9990 GULF SHORE DR~~  
CITY-ST-ZIP ~~NAPLES FL 34108~~

TITLE T  
NAME WERAB, LISA L. ☐ Delete  
STREET ADDRESS ~~9990 GULF SHORE DR~~  
CITY-ST-ZIP ~~NAPLES FL 34108~~

TITLE D  
NAME GONZALES, FIDEL ☐ Delete  
STREET ADDRESS 2325 55TH TERRACE S.W.  
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9340 VANDEBILT DR.  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9340 VANDEBILT DR.  
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-07 839-825-7866