

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12955

FILED  
Apr 28, 2012  
Secretary of State

Entity Name: DELUCA TILE INC.

**Current Principal Place of Business:**

7215 159TH. CT. N.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

7215 159TH. CT. N.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 59-1783704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELUCA, OLINDO  
7215 159TH. CT. N.  
PALM BEACH GARDENS, FL 33418 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DELUCA, OLINDO  
Address: 7215 159TH. CT. N.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: DELUCA, GLADYS  
Address: 7215 159TH. CT. N.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T  
Name: DELUCA, STEVEN  
Address: 7215 159TH CT N  
City-St-Zip: PALM BCH GRDNS, FL 33418

Title: V  
Name: DELUCA, KENNETH  
Address: 7215 159TH CT N  
City-St-Zip: PALM BCH GRDNS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: OLINDO DELUCA

PD

04/28/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date