

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000027710

**Entity Name:** TILE DOCTOR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

8612 OTTER CREEK COURT  
ORLANDO, FL 32829

**Current Mailing Address:**

8612 OTTER CREEK COURT  
ORLANDO, FL 32829

**FEI Number: 73-1630917**

**Certificate of Status Desired: Yes**

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

GOMEZ, LUIS F  
8612 OTTER CREEK COURT  
ORLANDO, FL 32822 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name GOMEZ, LUIS F  
Address 8612 OTTER CREEK COURT  
City-State-Zip: ORLANDO FL 32829

Title ST  
Name ALICEA, MYRIAM  
Address 8612 OTTER CREEK COURT  
City-State-Zip: ORLANDO FL 32829

*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: MYRIAM ALICEA**

**SECRETARY**

**03/22/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date