

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000088286

**Entity Name:** IMAGINATION TILES INC.

**Current Principal Place of Business:**

6736 CAVACADE DR  
APT C  
TAMPA, FL 33614

**Current Mailing Address:**

6736 CAVACADE DR  
APT C  
TAMPA, FL 33614 US

**FEI Number:** 46-1228749

**Certificate of Status Desired:** No

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

ALVAREZ, HEANS G  
6736 CAVACADE DR  
APT C  
TAMPA, FL 33614 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 ALVAREZ, HEANS G  
Address 6736 CAVACADE DR  
City-State-Zip: TAMPA FL 33613

*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:** HEANS ALVAREZ

P

04/13/2015

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

\_\_\_\_\_  
Date