

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000022724

**Entity Name:** TOLA TILE, INC.

**Current Principal Place of Business:**

445 HUTCHINSON LN  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

445 HUTCHINSON LN  
SAINT AUGUSTINE, FL 32095 US

**FEI Number:** 46-2262850

**Certificate of Status Desired:** No

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

TOLA, GAZMEND  
445 HUTCHINSON LN  
ST. AUGUSTINE, FL 32095 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 PVST  
Name TOLA, GAZMEND  
Address 445 HUTCHINSON LN  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR  
Name SHIQERUKAJ, SHKELZEN  
Address 5811 ATLANTIC BLVD UNIT 243  
City-State-Zip: JACKSONVILLE FL 32207

*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:** TOLA , GAZMEND

RA

01/27/2024

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

\_\_\_\_\_  
Date