

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000079971

**Entity Name:** A.D.A TILE INC

**Current Principal Place of Business:**

5244 STANFORD GABLE PL  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

5244 STANFORD GABLE PL  
JACKSONVILLE, FL 32257

**FEI Number:** 47-1952696

**Certificate of Status Desired:** No

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

GAVOCI, ALTIN  
5244 STANFORD GABLE PL  
JACKSONVILLE, FL 32257 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 PVPT  
Name GAVOCI, ALTIN  
Address 5244 STANFORD GABLE PL  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name GJOKA, EDMOND  
Address 7039-B2 PONCE DE LEON AVE.  
City-State-Zip: JACKSONVILLE FL 32217

*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:** GAVOCI , ALTIN

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04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date