
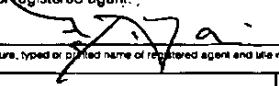
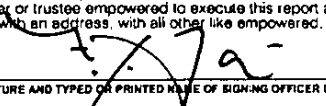


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-07-2007 90060 048 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 281131		
1. Entity Name PREMIER TILE TRADING CO.		
Principal Place of Business 8205 E ADAMS DR TAMPA, FL 33619	Mailing Address 8205 E ADAMS DR TAMPA, FL 33619	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARCIA, FRANK L 8205 E ADAMS DR TAMPA, FL 33619		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, FRANK J. 6610 HEATHERTON CT TEMPLE TERRACE, FL 33617	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARCIA, LYNETTE 6610 HEATHERTON CT TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone: _____		

66017719



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1095152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**