


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 281131 1. Entity Name PREMIER TILE TRADING CO.	
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Principal Place of Business 8205 E ADAMS DR TAMPA, FL 33619	Mailing Address 8205 E ADAMS DR TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1095152	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent GARCIA, FRANK L 8205 E ADAMS DR TAMPA, FL 33619

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/11/08-80015-012 150.00
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #