

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 573431

Entity Name: SAL'S TILE, INC.

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11531 SE DOHERTY ST.  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

11531 SE DOHERTY ST.  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 59-1828100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMONSTRANTI, SALVATORE J  
1090 NW 15TH ST.  
STUART, FL 33494 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DEMONSTRANTI, SALVATORE  
Address: 1090 NW 15TH ST.  
City-St-Zip: STUART, FL

Title: ST  
Name: BRADFORD, MICHELLE  
Address: 11531 SE DOHERTY ST.  
City-St-Zip: TEQUESTA, FL 33469

Title: VP  
Name: DEMONSTRANTI, SALVATORE JR.  
Address: 11531 DOHERTY ST  
City-St-Zip: TEQUEST, FL 33469

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: MICHELLE BRADFORD

ST

03/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date