

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 041 ***150.00

DOCUMENT # 664105

1. Entity Name
THE PLACE FOR TILE, INC.



Principal Place of Business

**7957 N.W. 54 STREET
MIAMI, FL 33166 US**

Mailing Address

**7957 N.W. 54TH STREET
MIAMI, FL 33166 US**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1978207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZOR, DAVID
~~9000 S.W. 130TH STREET~~ 21050 POINT PL #1502
~~MIAMI, FL 33176~~ AVENTURA, FL 33180**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAZOR, DAVID
STREET ADDRESS	9000 S.W. 130TH STREET 21050 POINT PL #1502
CITY-ST-ZIP	MIAMI, FL 33176 AVENTURA, FL 33180
TITLE	V
NAME	BRIDGES, JACK
STREET ADDRESS	1352 MADISON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33179
TITLE	V
NAME	MIRI, MAZOR
STREET ADDRESS	9000 S.W. 130TH STREET 21050 POINT PL #1502
CITY-ST-ZIP	MIAMI, FL 33176 AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:

DAVID MAZOR

1/17/05

305-471-0213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #