

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 039 ***150.00

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1. Entity Name
AMERICAN MARAZZI TILE, INC.



Principal Place of Business
**359 CLAY ROAD
SUNNYVALE, TX 75182 US**

Mailing Address
**359 CLAY ROAD
SUNNYVALE, TX 75182 US**

DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-1699522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VOLPI, NICK
STREET ADDRESS	VIALE REGINA PACIS, 1
CITY-ST-ZIP	SASSUOLO, IT 41049
TITLE	D
NAME	ALESSANDRO, POLETO
STREET ADDRESS	VIALE REGINA PACIS, 1
CITY-ST-ZIP	SASSUOLO, IT 41049
TITLE	S
NAME	CARLILE, DAVID
STREET ADDRESS	359 CLAY ROAD
CITY-ST-ZIP	SUNNYVALE, TX 75182
TITLE	PD
NAME	VANDINI, MAURO
STREET ADDRESS	359 CLAY RD
CITY-ST-ZIP	SUNNYVALE, TX 75182
TITLE	D
NAME	Sam Ansky
STREET ADDRESS	359 Clay Rd.
CITY-ST-ZIP	Sunnyvale TX 75182
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

David Carlile

2/27/07

Date

(972) 226-1116

Daytime Phone #