
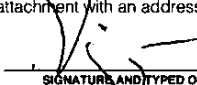


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90157 039 ***150.00

DOCUMENT # L58594 1. Entity Name VYMAR TILES, INC.					
Principal Place of Business 312 SUMMERVILLE LN SANFORD, FL 32771 US			Mailing Address 125 S. SWOOPE AVE. SUITE 104 MAITLAND, FL 32751 US		
2. Principal Place of Business 5648 CAMELLIA AVE		3. Mailing Address			
Suite, Apt. #, etc. MILTON FL		Suite, Apt. #, etc.			
City & State MILTON FL		City & State			
Zip 32572	Country Santa Rosa	Zip	Country	4. FEI Number 59-2995908	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARLIN, PHILIP A 125 S. SWOOPE AVE. SUITE 104 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MUNOZ, GUSTABO 312 SUMMERVILLE LN SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, VIANY 312 SUMMERVILLE LN SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, VIANY 312 SUMMERVILLE LN SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, VIANY 312 SUMMERVILLE LN SANFORD, FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, VIANY 312 SUMMERVILLE LN SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, VIANY 312 SUMMERVILLE LN SANFORD, FL	<input type="checkbox"/> Delete			
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: 		4-29-05 850-983-3072			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			