## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Mar 10, 2008 8:00 am Secretary of State DOCUMENT # L92687 03-10-2008 90070 034 \*\*\*150.00 1. Entity Name SOUTHERN FLOOR TILES, INC. 40042191 Principal Place of Business Mailing Address P.O. BOX 3182 P.O. BOX 3182 KEY LARGO, FL 33037-8182 KEY LARGO, FL 33037-8182 4,73,7,3 02162008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0222704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABARCA, MARLON DO NOT WRITE 100680 OVERSEAS HWY KEY LARGO, FL 33037 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITI F ABARCA, MARLON NAME P O BOX 3182 STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 TITLE ABARCA, SYLVIA NAME STREET ADDRESS P O BOX 3182 CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 sufficiency of the composition of the receiver or trustee empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

305-451-5638