


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M42212 1. Entity Name SAN TILE, INC. |  |
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| Principal Place of Business 2109 W US HWY 90 STE 170-201 LAKE CITY, FL 32055 US | Mailing Address 2109 W US HWY 90 STE 170-201 LAKE CITY, FL 32055 US |
|--|--|

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

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|--|--------------------------------|
| 4. FEI Number 59-2745197 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LABOSSIERE, MARC
1222 NE 4TH AVE
FT LAUDERDALE, FL
HOLLYWOOD, FL 33304

**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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000098721 03/29/04-80052-004 158.75 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST FALARDEAU, DIANE 2109 W US HWY 90 STE 170-201 LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PC CHOUINARD, ALAIN 2109 W US HWY 90 STE 170-201 LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: Diane Falardeau, sec. Treas 3/23/4 (772) 285-5669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE FALARDEAU