

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90136 038 ***150.00

DOCUMENT # P00000010937

1. Entity Name

ARANTES TILE CORPORATION



Principal Place of Business

720 NE 25TH STREET
POMPANO BEACH FL 33064

Mailing Address

720 NE 25TH STREET
POMPANO BEACH FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

541 South State Rd 7

Suite (1.)

Margate Florida

33068

Broward



MOORE

CR2E034 (11/03)

4. FEI Number

22-3703038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARANTES, JOAO BATISTA
720 NE 25TH STREET
POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PST
ARANTES, JOAO BATISTA
720 NE 25TH STREET
POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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ARANTES, JOAO BATISTA
720 NE 25TH STREET
POMPANO BEACH FL 33064 ☐ Delete

TITLE
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☐ Change ☐ Addition

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: Joao B. Arantes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

05/03/2004

Date

Daytime Phone #

JOAO BATISTA ARANTES PRES

attachment

54053580



The Accounting Clinic

We can make a difference.

May 3, 2004

~~#700000010937~~

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida. 32314

Gentlemen;

My client did not receive his corporate annual report for 2004. I had to download from Sunbiz.org. Enclosed is a check for \$ 150.00 and it is respectfully requested that this signed form with \$ 150.00 will be accepted as filed. I changed the mailing address to my office to avoid any problems in the future.

Sincerely,

Carl Fedele

Carl Fedele, Former
I.R.S. Field Agent