## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## Feb 23, 2005 8:00 am DOCUMENT # P00000032206 **Secretary of State** 02-23-2005 90073 013 \*\*\*158.75 TILE ARTIST STUDIOS, INC. Principal Place of Business Mailing Address 12691 154TH RD. N. JUPITER FL 33478 12691 154TH RD. N. 50018188 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address 10152 W. Indiantown ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0999965 UPITER Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROOKS, DONALD L ESQ Street Address (P.O. Box Number is Not Acceptable) 1201 US HWY ONE, STE. 415 N. PALM BEACH FL 33408 Zip Code City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE D ☐ Defete TITLE Change ■ Addition NAME JIMENEZ, RANDY NAME 12691 154TH RD, N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Deteta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS c CITY-ST-7IP CITY-ST-ZIP 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 be 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.

FFICER OR DIRECTOR

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