


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90430 017 ***150.00

DOCUMENT # P00000075439					
1. Entity Name OASIS TILE, INC.					
Principal Place of Business 486 NE 28TH TERR BOCA RATON, FL 33431			Mailing Address 486 NE 28TH TERR BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 490 NW 20 ST #108-A		3. Mailing Address 490 NW 20 ST #108-A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-1033652	
Zip 33431		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVA, PAULO 486 NE 28TH TERR BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 490 NW 20 ST #108-A BOCA RATON, FL FL 33431		
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: <i>Paulo Silva</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	PS DA SILVA, PAULO 486 NE 28TH TERR BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY - ST - ZIP	490 NW 20 ST #108-A BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 other like empowered.					
SIGNATURE: <i>Paulo Silva</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/27/07 <small>Date Daytime Phone #</small>		