


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90081 021 \*\*\*150.00

<b>DOCUMENT # P00000109697</b>	
1. Entity Name TWINS TILE INSTALLATIONS, INC.	

Principal Place of Business 14465 SW 293 TERR HOMESTEAD, FL 33033	Mailing Address 14465 SW 293 TERR HOMESTEAD, FL 33033
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**40082380**



2. Principal Place of Business <i>17012 SW 213 Lane</i>	3. Mailing Address <i>17012 SW 213 Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State- <i>MIAMI Florida</i>	City & State, <i>MIAMI Florida</i>	4. FEI Number 65-1079068	Applied For Not Applicable
Zip <i>33187</i>	Country <i>USA</i>	Zip <i>33187</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent  SIERRA, ALBERTO 14465 SW 293 TERR HOMESTEAD, FL 33033		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>17012 SW 213 Lane</i> City <i>MIAMI</i> FL Zip Code <i>33187</i>	
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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]* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ALBERTO 14465 SW 293 TERR HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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:** *[Signature]* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_