

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000014732

1. Entity Name

ALEX TILE & DESIGN CENTER, INC.



Principal Place of Business

6960 N.W. 42ND ST.
MIAMI, FL 33166

Mailing Address

6960 N.W. 42ND ST.
MIAMI, FL 33166



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, ALEXIS
6960 N.W. 42ND ST.
MIAMI, FL 33166

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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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MENDOZA, ALEXIS
STREET ADDRESS 3721 S.W. 128TH AVENUE
CITY- ST- ZIP MIAMI, FL 33175

TITLE VP
NAME MENDOZA, ALEX
STREET ADDRESS 3721 S.W. 128TH AVENUE
CITY- ST- ZIP MIAMI, FL 33175

TITLE S
NAME NEUHAUSER, ALBERT
STREET ADDRESS 15148 S.W. 63RD TERRACE
CITY- ST- ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000492175
04/19/06-80055-009 150.00

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IN THIS SPACE**

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:

Alexis Mendoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 (303) 5917377
Date Daytime Phone #