

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030031

FILED
Aug 05, 2004
Secretary of State

Entity Name: R & V TILE INSTALLATION, INC.

Current Principal Place of Business:

3952 TOWNSHIP SQUARE BLVD.,
APT # 1211
ORLANDO, FL 328375392

New Principal Place of Business:

321 GARRISON DR
SANFORD, FL 32771 US

Current Mailing Address:

3952 TOWNSHIP SQUARE BLVD.,
APT # 1211
ORLANDO, FL 328375392

New Mailing Address:

321 GARRISON DR
SANFORD, FL 32771

FEI Number: 59-3729054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUSTAVSSON, HAROLD
3952 TOWNSHIP SQUARE BLVD.,
APT # 1211
ORLANDO, FL 328375392

Name and Address of New Registered Agent:

GUSTAVSSON, HAROLD
3837 TOWNSHIP SQ BLVD
APT #312
ORLANDO, FL 32837 US

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.

SIGNATURE: HAROLD GUSTAVSSON

08/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: GUSTAVSSON, HAROLD
Address: 3952 TOWNSHIP SQUARE BLVD., #1211
City-St-Zip: ORLANDO, FL 32837

Title: DPT () Delete
Name: AQUILERA, RAUL
Address: 3301 SO SANFORD AVE #48
City-St-Zip: SANFORD, FL 327735892

Title: DS (X) Delete
Name: GONZALEZ, VIRGINIA
Address: 3301 SO SANFORD AVE #48
City-St-Zip: SANFORD, FL 327735892

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: AQUILERA, RAUL
Address: 321 GARRISON DR
City-St-Zip: SANFORD, FL 32771 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL AQUILERA

P

08/05/2004

Electronic Signature of Signing Officer or Director

Date