


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90042 030 ***150.00

DOCUMENT # P01000050381
1. Entity Name
Tiles4U #2, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6955 Hanging Moss Road Suite, Apt. #, etc. Suite 103 City & State Orlando, Florida Zip 32807 Country USA		3. Mailing Address 6955 Hanging Moss Road Suite, Apt. #, etc. Suite 103 City & State Orlando, Florida Zip 32807 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Michael K. Baker
Street Address (P.O. Box Number is Not Acceptable)	
8064 Cloverglen Circle	
City	Orlando
FL	Zip Code 32818-8212

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	01/28/03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Matos, Manuel M. (PD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quezada, Arnaldo J. (VD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coss, Manuel M (V) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coss, Karina M. (SD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coss, Harolyn S. (TD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	01/28/03	407-673-6559
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)