

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P01000058005

1. Entity Name
ANDREW'S INTERIOR TILE DESIGN, INC.



Principal Place of Business
**7530 KISMET ST.
MIRAMAR, FL 33023**

Mailing Address
**7530 KISMET ST.
MIRAMAR, FL 33023**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1112494	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMELLIE, ANDREW S
7580 KISMET ST.
HOLLYWOOD, FL 33023**

**DO NOT WRITE
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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000301810

04/29/08-80082-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SMELLIE, ANDREW S
STREET ADDRESS	7530 KISMET ST
CITY-ST-ZIP	MIRAMAR, FL 33023

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDREW SMELLIE
PRESIDENT**

4-4-08

Date

(954) 304-8506

Daytime Phone #