

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90301 032 ***150.00

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1. Entity Name

A.O. TILE, CORP.



Principal Place of Business

661 CYPRESS ~~LAKE BLVD~~ LAKE BLVD
SUITE J
POMPANO BEACH FL 33064

Mailing Address

661 CYPRESS ~~LAKE BLVD~~ LAKE BLVD
SUITE J
POMPANO BEACH FL 33064

2. Principal Place of Business

661 CYPRESS LAKE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

D. APT # J

City & State

POMPANO BEACH

Zip

33064

Country

FLORIDA

Zip

Country

6. Name and Address of Current Registered Agent

FILHO, OSWALDINO A
661 CYPRESS ~~LAKE BLVD~~ LAKE BLVD
SUITE J
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME ALVES FILHO, OSWALDINO

STREET ADDRESS 661 CYPRESS LAKE, SUITE J

CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE V ☐ Delete

NAME DE OLIVEIRA, ARI TEIXEIRA

STREET ADDRESS 661 CYPRESS LAKE, SUITE J

CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.27.04 (954) 854-3495

Date

Daytime Phone #