

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122378

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: SUPERIOR TILE CONCEPTS, INC.

## Current Principal Place of Business:

381 N. CLARKE ROAD  
SUITE A-106  
OCOOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

381 N. CLARKE ROAD  
SUITE A-106  
OCOOE, FL 34761

## New Mailing Address:

FEI Number: 01-0558004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIAS, WILLIAM  
5580 BRECKRIDGE CIR  
ORLANDO, FL 32818

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARIAS, WILLIAM  
Address: 5580 BRECKRIDGE CIR  
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete  
Name: SANTIAGO, ISMAEL  
Address: 1745 MANCHURIAN STREET  
City-St-Zip: GROVELAND, FL 34736

Title: ST ( ) Delete  
Name: ARIAS, CARMEN L  
Address: 5580 BRECKRIDGE CIR  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WILLIAM ARIAS

P

02/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date