

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90077 015 ***150.00

DOCUMENT # P02000032536

1. Entity Name

VINI TILE INSTALLER CORP.



Principal Place of Business

13615 EAGLERIDGE DR, #1612
FT MYERS FL 33912

Mailing Address

13615 EAGLERIDGE DR, #1612
FT MYERS FL 33912

2. Principal Place of Business

5711 BENT GRASS DR.

Suite, Apt. #, etc.

205

City & State
SARASOTA FLORIDA

Zip
34235

Country
USA

3. Mailing Address

5711 BENT GRASS DR.

Suite, Apt. #, etc.

205

City & State
SARASOTA FLORIDA

Zip
34235

Country
USA



MOORE

CR2E034 (11/03)

4. FEI Number

01-0642177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
531 E SAMPLE RD
POMPAHO 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 MOZER CORREA, VINICIUS
STREET ADDRESS 13615 EAGLERIDGE DR, #1612
CITY-ST-ZIP FT MYERS FL 33912

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME MOZER CORREA, VINICIUS
STREET ADDRESS 5711 BENT GRASS DR. # 205
CITY-ST-ZIP SARASOTA FL 34235

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

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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: VINICIUS CORREA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04 (239)6338457

Date

Daytime Phone #