

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90008 008 ***150.00

DOCUMENT # P02000046146

1. Entity Name
FELIX'S TILE, INC.



Principal Place of Business
6779 S.W. 25TH TERRACE
MIAMI, FL 33155

Mailing Address
6779 S.W. 25TH TERRACE
MIAMI, FL 33155

4404J04J



2. Principal Place of Business

3. Mailing Address

11260 Sw 47 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

07212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0618266

Applied For

Not Applicable

Zip

Country

Zip

Country

33167

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, FELIX
6779 S.W. 25TH TERRACE
MIAMI, FL 33155

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SANTOS, FELIX	6779 S.W. 25TH TERRACE	MIAMI, FL 33155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		11260 Sw 47 St	Miami, FL 33167		

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

Date

Daytime Phone #