## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # P02000053379** 04-06-2005 90120 021 \*\*\*150.00 COL-USA TILES CORP. Mailing Address Principal Place of Business 1952 STANTON ST 1952 STANTON ST 20027330 DELTONA, FL 32738 DELTONA, FL 32738 3. Mailing Address 15/6 How AND. 2. Principal Place of Business 1516 HOWLAND Bluo. Suite, Apt. #, etc. Suite, Apt. #, etc 03292005 CR2E034 (10/03) Chg-P City & State Applied For 4. FEI Number City & State DEI TOMA lorida EltoNA 01-0723176 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_ 11510 VOlUSIN Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUILERA, DIEGO Street Address (P.O. Box Number is Not Acceptable) 1952 STANTON ST DELTONA, FL 32738 City Zio Code 6. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD - Addition TITLE ☐ Delete TITLE AGUILERA, DIEGO NAME 1952 STANTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL 32738 TITLE ☐ Change ☐ Addition TITLE Delete AGUILERA, MARYURY NAME NAME 1952 STANTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-DELTONA, FL 32738 -CITY-ST ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE . ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify the indicated on this report or supplemental report is true and accurate and mat of the corporation or the received or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATUR Date Daytime Phone #

**FILED**