2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # P02000079710				Seci	etary of State	
1. Entity Name						
E. CAMPOS TILE COMPANY						
	······································	Name of the second of the second of the				
Principal Plac		Mailing Address				
14119 ARBO Tampa, FL		14119 ARBOR HILLS RD Tampa, Fl 33625	į			
		111111111111111111111111111111111111111		/) #\$1188;) 14 ## (F\$ ##1) 48#(1 88#) 48#(1 48)	** ***********************************	
-				01192004 No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4 FEI Number	Applied For	
				54-2065130	Not Applicable	
				5 Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						
SPIEGEL & UTRERA, P.A.				DO NOT W	Land' S rather house	
1840 SW 22ND ST.			DO NOT WRITE			
4TH FLOOR MIAMI, FL 33145				IN THIS SF	PACE	
1117 11117 11117 11117 11117 11117 11117 11117 11117 11117 11117						
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 little if applicable (NOTE Registered Agent signature required whe reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	: 1	ed to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE NAME	DPST CAMPOS, EVELIO					
STREET ADDRESS	14119 ARBOR HILLS RD					
C(TY-ST-Z(P	TAMPA, FL 33625	A DESCRIPTION OF THE PROPERTY			0086259	
TITLE NAME				03/12/04-	80016-005 150.00	
STREET ADDRESS						
CITY-ST-ZIP		The second of th				
TITLE					į	
NAME STREET ADDRESS				DO NOT III	;	
CITY - ST - ZIP		THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE	<u> </u>	DO NOT W	HILE	
TITLE				IN THIS SP	PACE	
NAME STREET ADDRESS					7.02	
CITY - ST - ZIP						
TITLE			1			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE		24 (mag gr) 25, 1995	1			
NAME						
STREET ADDRESS CITY+ST-ZIP			1			
On - OI - EIF		The second secon		د ها <u>ر در د چر د هم د د آن به بی است. آن بحث س</u> ر		
12. I hereby	certify that the information supplied with th	is filing does not qualify for the exe	mption stated in Se	ction 119.07(3)(i). Florida Statutes	I further certify that the information	
12. I hereby a indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address with	is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requi	mption stated in Se ture shall have the s ired by Chapter 607	ction 119.07(3)(i). Florida Statutes same legal effect as if made under i r, Florida Statutes, and that my nam	I further certify that the information path; that I am an officer or director e appears in Block 10 or Block 11 if	