

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083318

FILED
Jan 18, 2007
Secretary of State

Entity Name: ROMA TILE SUPPLY OF BOCA RATON, INC.

Current Principal Place of Business:

21000 BOCA RIO ROAD
A21C
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21000 BOCA RIO ROAD
A21C
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 11-3646648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZAMY, AHMED
5711 NE 14TH AVENUE
FORT LAUDERDALE, FL 33334 US

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: HAZAMY, AHMED
Address: 5711 NE 14TH AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: V () Delete
Name: CLEMENTI, JOSEPH
Address: 5711 NE 14TH AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: S () Delete
Name: HAZAMY, DARLENE J
Address: 5711 NE 14TH AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: T () Delete
Name: CLEMENTI, LORI
Address: 5711 NE 14TH AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: VP () Delete
Name: COTE, CHRISTOPHER
Address: 3580 MIRAMONTES CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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:

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 Chapter 119, 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: JOE CLEMENTI

DIR

01/18/2007

Electronic Signature of Signing Officer or Director

_____ Date