2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90047 001 ***150.00
01-28-2005 90047 002 *****8.75

DOCUMENT # P02000087404

1. Entity Name
SISTEM TILE INSTALLATION, CORP.

Principal Place of Business	Mailing Address
1510 NE 25TH CT POMPANO BEACH, FL 33064	1510 NE 25TH CT POMPANO BEACH, FL 33064

66000506

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152005 Chg-P CR2E034 (10/03)

4. FEI Number 16-1624516 16-1621516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASSIS, ROBSON
1510 NE 25TH CT
POMPANO 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASSIS, ROBSON 1510 NE 25TH CT POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASSIS, LUCIANA C 1510 NE 25TH CT POMPANO BEACH, FL 33064	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] PRESIDENT 01.24.2005 754-2642775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90132 023 ***150.00

ATTACHMENT
66000506

[redacted]

DOCUMENT # P02000087404

1. Entity Name
SISTEM TILE INSTALLATION, CORP.

Principal Place of Business	Mailing Address
2331 NW 33 STREET 311 FORT LAUDERDALE FL 33309	2331 NW 33 STREET 311 FORT LAUDERDALE FL 33309

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 16-1621516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSIS, ROBSON 2331 NW 33 STREET 311 FORT LAUDERDALE FL 33309	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, 2003 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASSIS, ROBSON 2331 NW 33 STREET #311 FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASSIS, LUCIANA C 2331 NW 33 STREET #311 FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: SIGNATURE REQUIRED President 01/06/03 (954) 497-4022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

66000506 ATTACHMENT # P020000874O4

Form **SS-4**
(Rev December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN 16-1621516

OMB No. 1545-0003

TYPE OR PRINT CLEARLY

1 Legal Name of Entity (or individual) for Whom the EIN is Being Requested
SISTEM TILE INSTALLATION, CORP.

2 Trade Name of Business (if different from name on line 1)

3 Executor, Trustee, 'Care of' Name

4a Mailing Address (room, apartment, suite number, and street, or P.O. box)
2331 NW 33 STREET #311

5a Street Address (if different) (do not enter a P.O. box)

4b City / State / ZIP Code
FORT LAUDERDALE FL 33309

5b City / State / ZIP Code

6 County and State Where Principal Business is Located
DADE - BROWARD - WEST PALM BEACH - FLORIDA

7a Name of Principal Officer, General Partner, Grantor, Owner, or Trustor
ROBSON ASSIS

7b SSN, ITIN, or EIN
905-77-7660

8a **Type of entity** (check only one box)

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [ ] Corporation (enter form number to be filed) ► _____
- [ ] Personal service corporation
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ► _____
- [X] Other (specify) ► REGULAR CORPORATION
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [ ] Trust (SSN of grantor) _____
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ..... State: _____ Foreign Country: _____

9 **Reason for applying** (check only one box)

- [X] Started new business (specify type) ► TILE & MARBLE
- [ ] Hired employees (check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ►
- [ ] Banking purpose (specify purpose) ► _____
- [ ] Changed type of organization (specify new type) ► _____
- [ ] Purchased going business
- [ ] Created a trust (specify type) ► _____
- [ ] Created a pension plan (specify type) ► _____

10 Date business started or acquired (month, day, year)
08/13/02

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)* ..... ►

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter '0'* ..... ►	Agricultural	Household	Other
	0	0	0

14 Check **one** box that best describes the principal activity of your business.

- [X] Construction
- [ ] Real estate
- [ ] Rental & leasing
- [ ] Manufacturing
- [ ] Transportation & warehousing
- [ ] Finance & insurance
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Other (specify)
- [ ] Wholesale-agent/broker
- [ ] Wholesale-other
- [ ] Retail

15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided.
TILE & MARBLE

16a Has the applicant ever applied for an employer identification number for this or any other business? ..... [ ] Yes [X] No

Note: *If 'Yes,' please complete lines 16b and 16c.*

16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► _____

Trade name ► _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate Date When Filed (month, day, year)	City and State Where Filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's Name	Designee's Telephone Number (include area code)
Address and ZIP Code	Designee's Fax Number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and Title (type or print clearly.) ► ROBSON ASSIS - PRESIDENT

Applicant's Telephone Number (include area code): (954) 497-4022

Signature ► _____ Date ► 08/13/02

Applicant's Fax Number (include area code): (954) 786-8250