


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90090 002 ***150.00

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| DOCUMENT # P02000103143 |  |
| 1. Entity Name MULTI TILES & MORE, INC. | |

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| Principal Place of Business 5011 SOUTH STATE ROAD 7 BUILDING ONE, UNIT 104 DAVIE, FL 33314 | Mailing Address 19384 SOUTHWEST 60TH CT. SOUTHWEST RANCHES, FL 33332 |
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DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 61-1426392 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent OSORIO, MARTHA 19384 SOUTHWEST 60 CT SOUTHWEST RANCHES, FL 33332 | |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SOSA, ALICIA 19384 SOUTHWEST 60 CT SOUTHWEST RANCHES, FL 33332 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V OSORIO, MARTHA 19384 SOUTHWEST 60 CT SOUTHWEST RANCHES, FL 33322 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RODRIGUEZ, OSCAR 5206 SW 91 AVE APT 3 COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SOSA, ARTURO 19384 SOUTHWEST 60 CT SOUTHWEST RANCHES, FL 33332 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____