2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2005
Secretary of State

DOCUMENT# P02000118878

Entity Name: SUPERIOR TILE INC

Current Principal Place of Business:

5344 REEF DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

7517 GULF WAY
HUDSON, FL 34667 US

Current Mailing Address:

7517 GULF WAY
HUDSON, FL 34667

New Mailing Address:

7517 GULF WAY
HUDSON, FL 34667 US

FEI Number: 22-3881543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHMETSPAHIC, SAFET
5344 REEF DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

AHMETSPAHIC, SAFET
7517 GULF WAY
HUDSON, FL 34667 US

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: SAFET AHMETSPAHIC 11/03/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AHMETSPAHIC, SAFET
Address: 5344 REEF DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V ( ) Delete
Name: AHMETSPAHIC, MEDIHA
Address: 5344 REEF DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AHMETSPAHIC, SAFET
Address: 7517 GULF WAY
City-St-Zip: HUDSON, FL 34667

Title: V (X) Change ( ) Addition
Name: AHMETSPAHIC, MEDIHA
Address: 7517 GULF WAY
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAFET AHMETSPAHIC P/D 11/03/2005
Electronic Signature of Signing Officer or Director Date