


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90111 028 \*\*\*150.00

<b>DOCUMENT # P02000125579</b>	
1. Entity Name <b>Tiles4U #4, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**60011723**

2. Principal Place of Business <b>6955 Hanging Moss Road</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>Orlando, Florida</b> Zip <b>32807</b> Country <b>USA</b>		3. Mailing Address <b>6955 Hanging Moss Road</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>Orlando, Florida</b> Zip <b>32807</b> Country <b>USA</b>		4. FEI Number <b>14-1857992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Michael K. Baker</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>8064 Cloverglenn Circle</b>	
	City <b>Orlando</b>	Zip Code <b>FL 32818-8212</b>

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 *Michael K. Baker* DATE **01/28/03**  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manuel M. Pimentel Matos (PD)</b> <b>6955 Hanging Moss Road, Suite 103</b> <b>Orlando, FL 32807</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Quezada, Arnaldo J. (VD)</b> <b>6955 Hanging Moss Road, Suite 103</b> <b>Orlando, FL 32807</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manuel M. Pimentel Coss (VD)</b> <b>6955 Hanging Moss Road, Suite 103</b> <b>Orlando, FL 32807</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Karina M. Pimentel Coss (SD)</b> <b>6955 Hanging Moss Road, Suite 103</b> <b>Orlando, FL 32807</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Harolyn Sophia Pimentel Coss (TD)</b> <b>6955 Hanging Moss Road, Suite 103</b> <b>Orlando, FL 32807</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with any other like empowered.

SIGNATURE: *Manuel M. Pimentel Matos* DATE **01/28/03** DAYTIME PHONE # **407-673-6559**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)