


FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90190 024 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000006096			
1. Entity Name EAGLE EYES TILE, CORP.			
Principal Place of Business 3113 S. SEMORAN BLVD., #349 ORLANDO, FL 32822		Mailing Address 3113 S. SEMORAN BLVD., #349 ORLANDO, FL 32822	
2. Principal Place of Business 3121 S. SEMORAN BLVD Suite, Apt. #, etc. SUITE 887 City & State ORLANDO Zip 32822 Country ORANGE		3. Mailing Address 3121 S. SEMORAN BLVD Suite, Apt. #, etc. SUITE 887 City & State ORLANDO Zip 32822 Country ORANGE	
		4. FEL Number 04272004 Chg-P CR2E034 (10/03) 03.0501351 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOS REIS, EDERSON B 3113 S. SEMORAN BLVD., #349 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name DOS REIS, EDERSON B Street Address (P.O. Box Number is Not Acceptable) 3121 S. SEMORAN BLVD. #887 City ORLANDO FL Zip Code 32822	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MORAES, VANDERLEY E 3609 AVE. OF THE AMERICAS ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOS REIS, EDERSON B. 3121 S. SEMORAN BLVD. #887 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04-30-04 407-383-6207 Daytime Phone #	