

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011007

Entity Name: GOLD TILE, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

473 SE JUSTINE TERRACE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

473 SE JUSTINE TERRACE
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 27-0043664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONCALVES, ALECIO R
473 SE JUSTINE TERRACE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: GONCALVES, ALECIO R
Address: 473 SE JUSTINE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP,D () Delete
Name: ANTUNES, CLERISTON
Address: 677 TRACE CIRCLE#204
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: ROBERTO NUNES DO SAN, TOS
Address: 473 SE JUSTINE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34963 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERTO NUNES DOSANT, OS
Address: 473 SE JUSTINE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34963 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALECIO R GONCALVES

P,D

04/25/2007

Electronic Signature of Signing Officer or Director

Date