

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042539

FILED
Jan 20, 2004
Secretary of State

Entity Name: RADO TILE, INC.

Current Principal Place of Business:

624 GOODWIN AVE.
NEW SMYRNA BCH, FL 32169

New Principal Place of Business:

Current Mailing Address:

624 GOODWIN AVE.
NEW SMYRNA BCH, FL 32169

New Mailing Address:

FEI Number: 76-0733623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADO, JENNIFER
624 GOODWIN AVE.
NEW SMYRNA BCH, FL 32169 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: PD () Delete
Name: RADO, JOSHUA
Address: 624 GOODWIN AVE.
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: VD () Delete
Name: RADO, JENNIFER
Address: 624 GOODWIN AVE.
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: SEC () Delete
Name: SMITH, JORY
Address: 624 GOODWIN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRES () Change (X) Addition
Name: RADO, JENNIFER L
Address: 624 GOODWIN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: JENNIFER RADO

TRES

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date