

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042539

Entity Name: RADO TILE, INC.

FILED  
May 02, 2008  
Secretary of State

## 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

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

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

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: JENNIFER RADO

TRES

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date