

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047172

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: J.P. TILE INSTALLATION, INC.

**Current Principal Place of Business:**

18589 BRIGGS CIRCLE  
PORT CHARLOTTE, FL 339489642

**New Principal Place of Business:**

**Current Mailing Address:**

18589 BRIGGS CIRCLE  
PORT CHARLOTTE, FL 339489642

**New Mailing Address:**

FEI Number: 16-1666356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORCIDES, ZAQUEU  
18589 BRIGGS CIRCLE  
PORT CHARLOTTE, FL 339489642 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: PORCIDES, ZAQUEU  
Address: 18589 BRIGGS CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 339489642

Title: VD ( ) Delete  
Name: DE BORBA, ADRIANO A  
Address: 1532 US HWY 41 BYP.S.  
City-St-Zip: VENICE, FL 342931032

Title: STD ( ) Delete  
Name: DE FREITAS, LIDIJAN  
Address: 18589 BRIGGS CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 339489642

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ZAQUEU PORCIDES

PD

04/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date