

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90090 032 ***150.00

DOCUMENT # P03000058920 1. Entity Name THE ORIGINAL IDEA TILE, INC.					
Principal Place of Business 1192 E. CARROLL STREET KISSIMMEE, FL 34744			Mailing Address 1192 E. CARROLL STREET KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
State, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1669707	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TATIS, TOMAS 1192 E. CARROLL STREET KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	PTSD TATIS, TOMAS 1192 E. CARROLL STREET KISSIMMEE, FL 34744 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, further certify that the information indicated on this report or supplemental reports 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 MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/3/07 407 4218618 _____ _____		

The Original Ideas Tile, Inc. ATTACHMENT May 3, 2007.
Tel/Fax: (407) 518 0039.
1192 East Carroll St. HD105793
Kissimmee FL, 34744.

From: Tomas Tatis.

President.

Document # PD3000058920.

FEI Number 16-1669707.

Attention: Florida Department of State.

Division of Corporations.

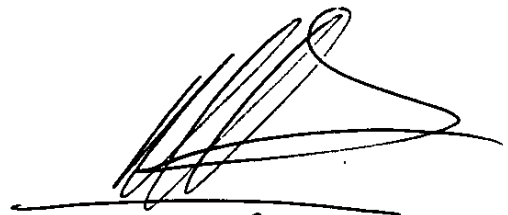
PO Box 1500

Tallahassee, FL 32302-1500

I want to apologize for the late payment due to we lost the invoice. As a consequence I forgot to send the payment at time. Sincerely this incident was unintentional. I'm so sorry for any inconvenient that we may cause. It won't happen again.

Best Regards:

Firma:


Tomas Tatis.
President.