

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 008 ***550.00

DOCUMENT # P03000062463

1. Entity Name

SILVER EAGLE TILE, INC.



Principal Place of Business

10705 BRICE CT.
ORLANDO FL 32817-3826

Mailing Address

10705 BRICE CT.
ORLANDO FL 32817-3826

54073443



MOORE

CR2E034 (4/04)

2. Principal Place of Business

10705 BRICE CT

3. Mailing Address

10705 BRICE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32817

Country

U.S.A

Zip

32817

Country

U.S.A

4. FEI Number

371471076

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREIRA, MARLI
10705 BRICE CT.
ORLANDO FL 32817-3826

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 P ☐ Delete
NAME MOREIRA, MARLI D
STREET ADDRESS 10705 BRICE CT.
CITY-ST-ZIP ORLANDO FL 32817-3826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MOREIRA, HUGO
STREET ADDRESS 10705 BRICE CT.
CITY-ST-ZIP ORLANDO FL 32817-3826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

HUGO MOREIRA

08.30.04

907.6730796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #