

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000063888**

1. Entity Name  
**ROBERTO DIAZ TILE SETTER, INC**



Principal Place of Business <b>6543 STARDUST LANE          LOT 224          ORLANDO, FL 32818</b>	Mailing Address <b>6543 STARDUST LANE          LOT 224          ORLANDO, FL 32818</b>
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04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1694263</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, ROBERTO  
 6543 STARDUST LANE  
 LOT 224  
 ORLANDO, FL 32818**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DIAZ, ROBERTO 6543 STARDUST LANE, LOT 224 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ISLAS, AIDE 6543 STARDUST LANE, LOT 224 ORLANDO, FL 32818
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**DO NOT WRITE IN THIS SPACE**

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 05/18/07-80028-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Roberto Diaz Date: 5-20-07 (407) 448-3504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR