## 2005 FOR PROFIT CORPORATION

## Apr 13, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000072344** 04-13-2005 90044 046 \*\*\*150.00 1. Entity Name U.S.A. E-Z TILES, INC. Principal Place of Business Mailing Address **40034705** 336 EAST INT'L SPEEDWAY BLVD 336 EAST INT'L SPEEDWAY BLVD DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 32-0083043 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAHN, ENRIQUE 336 EAST INT'L SPEEDWAY BLVD Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32118 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 -Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ■ Addition ZAHN, ENRIQUE NAME NAME 336 EAST INT'L SPEEDWAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP D Delete ☐ Change ■ Addition TITLE ZAHN, CHRISTIAN A NAME NAME 635 CENTER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP De lete TITLE \_ Change \_ \_\_ 🔲 Addition, NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ De lete ☐ Change TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 at 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 withlan address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE .

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

TITLE

NAME

☐ Delete

Change

☐ Addition

**FILED**