## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000087749

Entity Name: ALONSO TILE, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:

5152 CONROY RD., APT. 1315

ORLANDO, FL 32811

128 ORLANDO, FL 32811 New Mailing Address:

4280 MIDDLEBROOK RD

**New Principal Place of Business:** 

Current Mailing Address:

5152 CONROY RD., APT. 1315 ORLANDO, FL 32811 4280 MIDDLEBROOK RD 128

ORLANDO, FL 32811

FEI Number: 59-5704747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALONSO, SAUL M 5152 CONROY RD., APT. 1315 ORLANDO, FL 32811 US

4280 MIDDLEBROOK RD 128 ORLANDO, FL 32811 US

ALONSO, SAUL M

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: SAUL ALONSO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

4280 MIDDLEBROOK RD APT 128

4154 MIDDLEBROOK RD APT 917

(X) Change ( ) Addition

(X) Change ( ) Addition

Title: P () Delete Name: ALONSO, SAUL M

Address: 5152 CONROY RD., APT. 1315

City-St-Zip: ORLANDO, FL 32811

Title: V () Delete

Name: ALONSO, CARLOS

Address: 5152 CONROY RD., APT. 1315

City-St-Zip: ORLANDO, FL 32811

Title: S () Delete Name: RAMIREZ, MARTIN

City-St-Zip:

Address: 5152 CONROY RD., APT. 1315

ORLANDO, FL 32811

MIREZ, MARTIN Name:

Title: S (X) Change ( ) Addition

ALONSO, CARLOS

ORLANDO, FL 32811

ALONSO, SAUL M

ORLANDO, FL 32811

Name: ALONSO, EMILIO

Address: 4280 MIDDLEBROOK RD APT 112

City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify 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: SAUL ALONSO PDTE 04/30/2007