

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095365

Entity Name: KASS TILE, INC.

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

8930 SHARON DRIVE  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

8930 SHARON DRIVE  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 59-2009188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RADWAN, ANGEL A  
P.O. BOX 1217  
PORT RICHEY, FL 34673 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RADWAN, KASSEM  
Address: 8930 SHARON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V ( ) Delete  
Name: RADWAN, WAFAA  
Address: 8930 SHARON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KASSEM RADWAN

P

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date