


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90062 024 \*\*\*150.00

DOCUMENT # P03000108191 1. Entity Name HIGH QUALITY TILE INSTALLATION, INC	
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Principal Place of Business 29 OLD KINGS ROAD N SUITE 4B PALM COAST, FL 32137	Mailing Address 22 PRETORIA LANE PALM COAST, FL 32164
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1681213	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FILIPE, NUNO M 22 PRETORIA LANE PALM COAST, FL 32164
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILIPE, NUNO M 22 PRETORIA LANE PALM COAST, FL 32164
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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: Nuno Miguel Filipe 3/7/07 386-931-3630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #