

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000112353

1. Entity Name
X-TRA SKILL TILE & GROUT REPAIR, INC.



Principal Place of Business

**2630 NW 42ND TERR.
LAUDERHILL, FL 33313**

Mailing Address

**2630 NW 42ND TERR.
LAUDERHILL, FL 33313**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number

81-0634833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERRON-NELSON, LATOYA
2630 NW 42ND TERR.
LAUDERHILL, FL 33313**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000554487
05/15/06-80087-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

NELSON, ORAL

STREET ADDRESS

2630 NW 42ND TERR.

CITY - ST - ZIP

LAUDERHILL, FL 33313

TITLE

ST

NAME

FERRON-NELSON, LATOYA

STREET ADDRESS

2630 NW 42ND TERR.

CITY - ST - ZIP

LAUDERHILL, FL 33313

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

954 547 0688

Daytime Phone #