

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114831

1. Entity Name
BIAGIO PREVETE CUSTOM TILE, INC.



Principal Place of Business
1147 WHITE OAK CIRCLE
MELBOURNE, FL 32934

Mailing Address
1147 WHITE OAK CIRCLE
MELBOURNE, FL 32934

FILED
08 SEP 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07042008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0209304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARUSO, STEVEN
486 N. HARBOR CITY BLVD
MELBOURNE, FL 32935

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PREVETE, BIAGIO
STREET ADDRESS
1147 WHITE OAK CIRCLE
CITY-ST-ZIP
MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

300136339273
09/25/08--01040--010 **150.00

DO NOT WRITE
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:

Biagio Prevete
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #