2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000119853** 09-03-2004 90004 050 ***150.00 THE TILE COMPANY OF AMERICA CORP. Principal Place of Business Mailing Address 125 SE SERENATA COURT 125 SE SERENATA COURT PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 08042004 CR2E034 (10/03) Chq-P Applied For City & State 4, FEI Number City & State 02-07 Not Applicable Zip . Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Linda Brown - Mauro Change TITLE TITLE ☐ Delete MAURO, ERNEST C 125 SES erendta ct. (WIFE) NAME NAME STREET ADDRESS 125 SE SERENATA COURT STREET ADDRESS 34983 Port ST. Lucie Fl. CITY-ST-7/P PORT ST. LUCIE, FL 34983 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Expert C Mayor Finest C. Mayro 8/1/04 772-708-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CITY-ST-ZIP

CITY-ST-ZIF

FILED

ATTACHMENT # P03866119853

PREFARED BY

DATE 8/28/04

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