


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90027 016 ***150.00

DOCUMENT # P03000121740 1. Entity Name TILE ETCETERA, INC.																													
Principal Place of Business 5267 ENSLEY TERRACE NORTH PORT, FL 34288			Mailing Address 5267 ENSLEY TERRACE NORTH PORT, FL 34288																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0365729 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent HERNANDEZ, MAXIMINO 5267 ENSLEY TERRACE NORTH PORT, FL 34288			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, MAXIMINO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>46173 FRANKLIN AVE APT D 5267 Ensley Terr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PT CHARLOTTE, FL 33993 North Port FL 34288</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HERNANDEZ, MAXIMINO		STREET ADDRESS	46173 FRANKLIN AVE APT D 5267 Ensley Terr		CITY-ST-ZIP	PT CHARLOTTE, FL 33993 North Port FL 34288		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 another like empowered.

SIGNATURE: *Maximino Hernandez* 2/23/2004 941-228-4857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #