

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90116 049 \*\*\*150.00

**DOCUMENT # P03000124684**  
 1. Entity Name  
 N.F TILE INSTALLERS, INC.



Principal Place of Business: 2471 LACKLAND DR, DELTONA, FL 32738  
 Mailing Address: 2471 LACKLAND DR, DELTONA, FL 32738

**50049702**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

04112005 Chg-P CR2E034 (10/03)  
 4. FEI Number: 20-0639321  
 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORTES, NELSON  
 2471 LACKLAND DR  
 DELTONA, FL 32738

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORTES, NELSON	
STREET ADDRESS	2471 LACKLAND DR	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, LUIS D	
STREET ADDRESS	549 S FLOYD CIR	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORTES, RUBEN	
STREET ADDRESS	2627 GROVELAND AVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORTES, SANTIAGO	
STREET ADDRESS	2627 GROVELAND AVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 live empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05 (407) 435-2861  
 Date Daytime Phone #