


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90287 031 ***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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
20-0639321

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

05042006 Chg-P CR2E034 (11/05)

Applied For
 Not Applicable



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
 Due by September 6, 2006**

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	P	<input type="checkbox"/> Delete
NAME	CORTES, NELSON	
STREET ADDRESS	2471 LACKLAND DR	
CITY-ST-ZIP	DELTONA, FL 32738	
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		
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 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: *Ruben Cortes* **5/4/06** **407 435 2801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40087394

PO BOX 00124684

Nora B. Romero

Certified Public Accountant

2411 E. Graves Ave.

Suite #4

Orange City, FL 32763

386-851-0040

Florida Dept of State
Division of Corporation
Tallahassee, FL 32302-1500

Re: N. F Tile Installers, Inc.

Dear Sir/Madam:

Enclosed is the annual report for N. F Tile Installers, Inc. Please be advice that management did not receive a postcard in the mail and therefore forgot about the filing requirement. We are therefore respectfully requesting an abatement of the penalty.

If you have any further question regarding this matter, please contact me.

Sincerely,



Nora B. Romero
CPA