



9/30/2004-90011-028-\$150.00-\$150.00

04 OCT 28 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # P03000127437</b>				04 OCT 28 AM 11:25	
1. Entity Name M.L.Y. TILE, CORP		SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business 829 107TH AVE NORTH APT SOUTH NAPLES, FL 34108		Mailing Address 829 107TH AVE NORTH APT SOUTH NAPLES, FL 34108			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09222004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 35-2218078	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VLADIMIR LEYVA, MARIO 829 107TH AVE NORTH APT SOUTH NAPLES, FL 34108				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME VLADIMIR LEYVA, MARIO STREET ADDRESS 829 107TH AVE NORTH APT. SOUTH CITY-ST-ZIP NAPLES, FL 34108			TITLE NAME STREET ADDRESS 20 ROYAL COVER DR CITY-ST-ZIP NAPLES FL 34106-6369		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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 all other like empowered.					
SIGNATURE: _____ Date 09/07/04					