

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129084

Entity Name: TIFANY'S TILE, INC

FILED
May 19, 2008
Secretary of State

Current Principal Place of Business:

1731 SW COCHRAN ST
PORT ST LUCIE, FL 34953

New Principal Place of Business:

924 TAVERNIER CIRCLE NE
PALM BAY, FL 32905 US

Current Mailing Address:

1731 SW COCHRAN ST
PORT ST LUCIE, FL 34953

New Mailing Address:

924 TAVERNIER CIRCLE NE
PALM BAY, FL 32905 US

FEI Number: 20-0489309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUZA, LUIZ M
1731 SW COCHRAN ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SOUZA, LUIZ M
924 TAVERNIER CIRCLE NE
PALM BAY, FL 32905 US

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.

SIGNATURE: LUIZ M SOUZA

05/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUZA, LUIZ M
Address: 1731 SW COCHRAN ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP (X) Delete
Name: SOUZA, LUIZ M
Address: 1731 SW COCHRAN ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SEC (X) Delete
Name: CORREIA, CLAUDINEI A
Address: 210 HISPANO DR
City-St-Zip: FORT PIERCE, FL 34947

Title: SEC (X) Delete
Name: PAULA, EMERSON M
Address: 1403 GRAND SAVANAH CLUB
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOUZA, LUIZ M
Address: 924 TAVERNIER CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIZ MARCELO SOUZA

P/D

05/19/2008

Electronic Signature of Signing Officer or Director

Date