

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000139454

Entity Name: JOHNNY TILE, INC.

FILED
Oct 19, 2009
Secretary of State**Current Principal Place of Business:**1904 ELLINGTON CT
VALRICO, FL 33594 US**New Principal Place of Business:****Current Mailing Address:**1904 ELLINGTON CT
VALRICO, FL 33594 US**New Mailing Address:**

FEI Number: 20-0426334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1390227
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: NODA, SAUL
Address: 1904 ELLINGTON CT
City-St-Zip: VALRICO, FL 33594 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: OFFI () Change (X) Addition
Name: NODA, MICHEL
Address: 217 CLEMONS RD.
City-St-Zip: BRANDON, FL 33510 US

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: SAUL NODA

P

10/19/2009

Electronic Signature of Signing Officer or Director_____
Date