## 2005 FOR PROFIT CORPORATION

## **FILED AM**

ANNUAL REPORT				Apr 22, 2005 08:00			
	MENT # P03000139		Secretary of Stat				
1. Entity Nam MID-FLO	ne RÎDA TILE WORLD, INC.						
	e of Business	Mailing Address					
7905 POWD ORLANDO, F	ER HORN LANE L 32825	7905 POWDER HORN LANE ORLANDO, FL 32825					
	A STATE OF THE STA						
D	O NOT WRITE	CE	04192005	No Chg-P	CR2E03	34 (10/03)	
			_	4. FEI Numb 86-108			Applied For Not Applicable
				5. Certificate	of Status Desired		8.75 Additional ee Required
	6. Name and Address of Current Ro	egistered Agent			জনিক জন্ম । কুলুক বিশ্ব জন্ম । বিশ্ব জন্ম । বিশ্ব জন্ম		
CARBAJAL, JORGE 7095 POWDER HORN LANE ORLANDO, FL 32825				DO	NOT W	RITE	
			IN THIS SPACE				
				11.4	HIIO OF	MUL	
8. The above the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orlda. I am fa	amiliar with, and accept
SIGNATURE_			·				
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Registere	d Agent signalure required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	04/22/09   04/22/09	1032431 1-80089	1 -012 150.00
10.	OFFICERS AND D	RECTORS				Mark or C	
TITLE NAME	CARBAJAL, JORGE		1				
STREET ADDRESS CITY-ST-ZIP	7095 PODWER LANE ORLANDO, FL 32825		}				
TITLE	VPS -	<u> </u>			<del>v</del> -		
NAME	CARBAJAL, SANDRA		1				
STREET ADDRESS City-ST-Zip	7095 PODWER LANE ORLANDO, FL 32825		l				
TITLE		<del></del>	1				
name Street address			İ	<b>~</b>	NOT	1 har 1 anim 200	ndi
CITY-ST-ZIP			1		NOT W		
TITLE	,	—— <del>———</del>		IN '	THIS SE	PACE	•
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME	,						
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	.4	<b>]</b> .				
TITLE NAME		· ·					
STREET ADDRESS	1		Į.				

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:

SIGNATURE:

SIGNATURE:

SIGNATURE SANDRA CARBAJAL VPS

SIGNATURE SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Prome \*

CITY-ST-ZIP