

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 015 ***150.00

DOCUMENT # P03000142800

1. Entity Name

M/M'S POOL TILE SERVICE, INC



Principal Place of Business

8804 CAUSEWAY BLVD
TAMPA FL 33619
US

Mailing Address

8804 CAUSEWAY BLVD
TAMPA FL 33619
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4491 CRYSTAL LK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205-B

1st MOORE

CR2E034 (10/07)

City & State

City & State

POMPAHO Bch - FL

4. FEI Number

20-0442286

Applied For

Not Applicable

Zip

Country

Zip

33064

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DA SILVA, MAURICIO F
8804 CAUSEWAY BLVD
TAMPA FL 33619

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

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent's signature required when reappointing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,S	<input type="checkbox"/> Delete
NAME	DA SILVA, MAURICIO F	
STREET ADDRESS	8804 CAUSEWAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVES, MARIA O	
STREET ADDRESS	8804 CAUSEWAY BLVD	
CITY-ST-ZIP	TAMPA FL 33619	
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		
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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 Section 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 807, 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:

Maria O. Alves - V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/08

813/621.3695

Date

Phone/Fax #