

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90013 034 \*\*\*150.00

DOCUMENT # P03000145416

1. Entity Name  
MASI TILE, INCORPORATED



Principal Place of Business  
5105 44TH STREET WEST  
BRADENTON, FL 34210

Mailing Address  
5105 44TH STREET WEST  
BRADENTON, FL 34210

54066631



2. Principal Place of Business

16332 Bonneville Dr  
Suite, Apt. #, etc.

3. Mailing Address

16332 Bonneville Dr  
Suite, Apt. #, etc.

07212004 Chg-P CR2E034 (10/03)

City & State

Tampa Florida

City & State

Tampa Florida

4. FEI Number

20-0454309

Applied For

Not Applicable

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASI, EILSA  
5105 44TH STREET WEST  
BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name MASI, ELISA  
Street Address (P.O. Box Number is Not Acceptable)  
16332 Bonneville Dr

City Tampa

FL

Zip Code 33624

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$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

TITLE PO  
NAME MASI, MICHAEL A  
STREET ADDRESS 5105 44TH STREET WEST  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 16332 Bonneville Dr.  
CITY-ST-ZIP TAMPA FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Michael A Masi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-04