


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90231 005 ***150.00

DOCUMENT # P03000146912	
1. Entity Name DAYANA TILES, INC.	

Principal Place of Business 4056 AMRON DR. ORLANDO, FL 32822 US	Mailing Address 4056 AMRON DR. ORLANDO, FL 32822 US
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2420635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CESPEDES, JESUS SR
5730 CRANE PL
ORLANDO, FL 32807

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CESPEDES, JESUS 5730 CRANE PL. ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FONSECA, JAMILA 4056 AMRON DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTIESTEBAN, ARMIS JR 4056 AMRON DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIESTEBAN, ARMIN JR 4056 AMRON DR. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* 4/27/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *Daytime Phone #