

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149144

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: DARLEX TILE INSTALLER INC.

**Current Principal Place of Business:**

6609 N. COOLIDGE AVE.  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

6609 N. COOLIDGE AVE.  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 56-2423895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, RALPH  
10921 AIRVIEW DR.  
TAMPA, FL 33625      US

**Name and Address of New Registered Agent:**

AGUILA, ALEXIS  
6609 N. COOLIDGE AVE.  
TAMPA, FL 33614      US

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: ALEXIS AGUILA      01/09/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FIGUEROA, AMPARO MAGALY  
Address: 6609 N. COOLIDGE AVE.  
City-St-Zip: TAMPA, FL 33614

Title: PD      ( ) Delete  
Name: AGUILA, ALEXIS  
Address: 6609 N. COOLIDGE AVE.  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: FIGUEROA, AMPARO M  
Address: 6609 N. COOLIDGE AVE.  
City-St-Zip: TAMPA, FL 33614

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXIS AGUILA      PD      01/09/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date