

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

08-18-2004 90008 004 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P03000150277 1. Entity Name ROSSI TILE SETTING, INC. | | | |
| Principal Place of Business 9260 LAKE CHASE ISLAND WAY TAMPA, FL 33626 | | Mailing Address 9260 LAKE CHASE ISLAND WAY TAMPA, FL 33626 | |
| 2. Principal Place of Business 7001 CONCORD DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 7001 CONCORD DRIVE Suite, Apt. #, etc. | |
| City & State TAMPA FL Zip 33614 | | City & State TAMPA FL Zip 33614 | |
| Country HILLSBOROUGH | | Country HILLSBOROUGH | |
| 4. FEI Number 42-1604869 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSSI, MARCO A 9260 LAKE CHASE ISLAND WAY TAMPA, FL 33626 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7001 CONCORD DRIVE City TAMPA FL Zip Code 33614 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROSSI, MARCO A 9260 LAKE CHASE ISLAND WAY TAMPA, FL 33626 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7001 CONCORD DRIVE TAMPA FL 33614 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: MARCO AURELIO ROSSI | | 08/27/04 (813) 365 0418 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |