


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90070 016 ***150.00

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|---|---------|---|---------|
| DOCUMENT # P03000152065 | |  | |
| 1. Entity Name DP CUSTOM TILE INSTALLATION INC. | | | |
| Principal Place of Business 1689 HAFFENBERG AVE NORTH PORT FL 34288 | | Mailing Address 1689 HAFFENBERG AVE NORTH PORT FL 34288 | |
| 2. Principal Place of Business 1689 Haffenberg Ave Suite, Apt. #, etc. | | 3. Mailing Address 1689 Haffenberg Ave Suite, Apt. #, etc. | |
| City & State North Port FL | | City & State North Port FL | |
| Zip 34288 | Country | Zip 34288 | Country |



1st MOORE CR2E034 (10/04)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent MACLEOD, RANDY C 1861 PLACIDA RD, STE 201 BARCO'S ACCOUNTING ENGLEWOOD FL 34223 | | 7. Name and Address of New Registered Agent Name Ravel Pasyuk Street Address (P.O. Box Number is Not Acceptable) 1689 Haffenberg Ave City North Port FL Zip Code 34288 | |
| 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 Dmitry Pasyuk (Signature, typed or printed name of registered agent and title if applicable) Paul Pasyuk (NOTE: Registered Agent signature required when reinstating) 3-28-05 DATE | | | |

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|---|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PASYUK, DMITRY 1689 HAFFENBERG AVE NORTH PORT FL 34288 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2V Pasyuk Ravel 1689 Haffenberg Ave North Port FL 34288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Dmitry Pasyuk** **3-28-05** **94-456-4712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #