

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154303

Entity Name: JOE INGRATI TILE, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

5615 S OAK CT
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5615 S OAK CT
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-0544229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD SUITE A
BOX 1357549
DELTONA, FL 32725 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: FDEVIN NEWMAN FOR ALL FLORIDA FIRM INC

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INGRATI, GIUSEPPE
Address: 5615 S OAK CT
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: MUIA, FRANCESCO
Address: 5615 S OAK CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DEVIN NEWMAN FOR GIUSEPPE INGRATI

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date