


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000007373</b>	
1. Entity Name <b>MARIO ARIAS TILE SERVICES, CORP</b>	

Principal Place of Business <b>2121 S.W. 4 STREET, #2 MIAMI, FL 33135</b>	Mailing Address <b>2121 S.W. 4 STREET, #2 MIAMI, FL 33135</b>
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DO NOT WRITE IN THIS SPACE



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0615218</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ARIAS, MARIO 2121 S.W. 4 STREET, #2 MIAMI, FL 33135</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARIAS, MARIO 2121 S.W. 4 STREET, #2 MIAMI, FL 33135
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	Date _____	Daytime Phone # _____
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