

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008483

Entity Name: PREMIER TILE CONTRACTORS INC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

4937 CASON COVE DRIVE
SUITE 816
ORLANDO, FL 32811 US

Current Mailing Address:

4937 CASON COVE DRIVE
SUITE 816
ORLANDO, FL 32811 US

New Principal Place of Business:

5048 MILLENIA BLVD
APT 202
ORLANDO, FL 32839 US

New Mailing Address:

5048 MILLENIA BLVD
APT 202
ORLANDO, FL 32839 US

FEI Number: 20-0590164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR., SUITE 246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SOARES, ANTONIO
5048 MILLENIA BLVD
APT 202
ORLANDO, FL 32839 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: ANTONIO SOARES

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOARES, ANTONIO C
Address: 4937 CASON COVE DR. APT 816
City-St-Zip: ORLANDO, FL 32811 US

Title: VP () Delete
Name: GOMES, MARIANA R
Address: 4937 CASON COVE DR. APT 816
City-St-Zip: ORLANDO, FL 32835 US

Title: TD () Delete
Name: NETO, LOURENCO
Address: 4937 CASON COVE DR. APT 816
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOARES, ANTONIO C
Address: 5048 MILLENIA BLVD APT 202
City-St-Zip: ORLANDO, FL 32839 US

Title: VP (X) Change () Addition
Name: GOMES, MARIANA R
Address: 5048 MILLENIA BLVD APT 202
City-St-Zip: ORLANDO, FL 32839 US

Title: TD (X) Change () Addition
Name: GONCALVES, ALESANDRO J
Address: 5048 MILLENIA BLVD APT 202
City-St-Zip: ORLANDO, FL 32839 US

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: ANTONIO C SOARES

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date