

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90005 033 \*\*\*150.00

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08302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000009405</b> 1. Entity Name <b>GEVECU TILE CORP</b>					
Principal Place of Business <b>3614 OKEECHOBEE CIRCLE CASSELBERRY, FL 32707 US</b>			Mailing Address <b>2339 S. CONWAY RD #417 ORLANDO, FL 32812 US</b>		
2. Principal Place of Business <b>5969 Lee Vista Blvd.</b>		3. Mailing Address <b>5969 Lee Vista Blvd.</b>			
Suite, Apt. #, etc. <b>20C</b>		Suite, Apt. #, etc. <b>20C</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32822</b>	Country <b>ORANGE</b>	Zip <b>32822</b>	Country <b>ORANGE</b>		
6. Name and Address of Current Registered Agent  <b>QUINTERO, GONZALO V 2339 S. CONWAY RD #417 ORLANDO, FL 32812</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5969 Lee Vista Blvd. # 20C</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32822</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 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 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 QUINTERO, GONZALO V <input type="checkbox"/> Delete 2339 S CONWAY RD #417 ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Quintero, Gonzalo V 5969 Lee Vista Blvd. #20C Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete QUINTERO, DAVID 2339 S. CONWAY RD #417 ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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	
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	
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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/30/06 321-438-6090 <small>Date Daytime Phone #</small>		