

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90003 005 \*\*\*150.00

<b>DOCUMENT # P04000013774</b>			
1. Entity Name <b>ELIAS TILES, INC.</b>			
Principal Place of Business <b>918 FLORIDA PARKWAY KISSIMMEE, FL 34743</b>		Mailing Address <b>918 FLORIDA PARKWAY KISSIMMEE, FL 34743</b>	
2. Principal Place of Business <b>154 ALDERWOOD DR</b>		3. Mailing Address <b>154 ALDERWOOD DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>KISSIMMEE, FL</b>		City & State <b>KISSIMMEE, FL</b>	
Zip <b>34743</b>	Country <b>ORROLA</b>	Zip <b>34743</b>	Country <b>ORROLA</b>
6. Name and Address of Current Registered Agent <b>BOVINO, ROBERTO C 918 FLORIDA PARKWAY KISSIMMEE, FL 34743</b>		7. Name and Address of New Registered Agent Name <b>Roberto BOVINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>154 ALDERWOOD DRIVE</b> City <b>KISSIMMEE</b> FL Zip Code <b>34743</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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>5/2/05</b>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</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	DPS BOVINO, ROBERTO C 918 FLORIDA PARKWAY KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP/S Roberto BOVINO 154 ALDERWOOD DRIVE KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MOLINA DE BOVINO, MIRTA F 918 FLORIDA PARKWAY KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MIRTA MOLINA DE BOVINO 154 ALDERWOOD DRIVE KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOVINO, FEDERICO A 918 FLORIDA PARKWAY KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDERICO A BOVINO 154 ALDERWOOD DRIVE KISSIMMEE, FL 34743 <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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/05**  
Date

**321-443-4955**  
Daytime Phone #