2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/27/2005-90001-044-$150.00-$150.00

FILED

05 JUL 19 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00053708

DOCUMENT # P04000018484

1. Entity Name
N R TILES, INC.

Principal Place of Business	Mailing Address
1409 BRAEMOOR DUNES DRIVE APT. C ORANGE CITY, FL 32763	1409 BRAEMOOR DUNES DRIVE APT. C ORANGE CITY, FL 32763
2. Principal Place of Business: 100 E Gardenia Dr.	3. Mailing Address: 100 E Gardenia Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City	City & State: Orange City, FL.
Zip: 32763 Country: Florida	Zip: 32763 Country: Fl.

05122005 Chg-P CR2E034 (10/03)

4. FEI Number: 200508874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARA, ENID
837 E. NEW YORK AVENUE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name: Vilma L. Rivera

Street Address (P.O. Box Number is Not Acceptable): 916 Florida Ave.

City: Orange City FL Zip Code: 32763

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: Vilma L. Rivera DATE: 7-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	RIVERA, NESTOR E	NAME	Rivera Nestor E.
STREET ADDRESS	1409 BRAEMOOR DUNES DRIVE APT. C	STREET ADDRESS	100 E Gardenia Dr.
CITY-ST-ZIP	ORANGE CITY, FL 32763	CITY-ST-ZIP	Orange City, FL 32763
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

NM 7/19

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: X Nestor Rivera 6-24-05 (386) 216-2394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* A/R Rej. on 6/7 - w/ 30 days to ret. to Avoid Diss.

NM