


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90049 027 ***150.00

DOCUMENT # P04000025621		
1. Entity Name ANDREW TILE, INC.		

Principal Place of Business 4899 HAVERHILL ROAD LAKE WORTH FL 33463	Mailing Address 4899 HAVERHILL ROAD LAKE WORTH FL 33463
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 5286	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE WORTH FL	
Zip	Country	Zip 33466	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 56-2434728		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LATERZA, CHRISTOPHER A 4899 HAVERHILL ROAD LAKE WORTH FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS LATERZA, CHRISTOPHER P.O. BOX 5286 LAKE WORTH FL 33466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4899 HAVERHILL RD LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LATERZA, CHRISTOPHER P.O. BOX 5286 LAKE WORTH FL 33466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4899 HAVERHILL RD LAKE WORTH FL 33463
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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 Section 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: *Christopher Laterza* **CHRISTOPHER LATERZA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07-561413271

Date Daytime Phone #