

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90166 020 ***150.00

DOCUMENT # P04000037912 1. Entity Name ALMAGUER TILE CORP.					
Principal Place of Business 4864 S. CONWAY RD ORLANDO, FL 32806			Mailing Address 4864 S. CONWAY RD ORLANDO, FL 32806		
2. Principal Place of Business 1926 S Conway rd #6		3. Mailing Address 1926 S Conway rd			
Suite, Apt. #, etc. apt #6		Suite, Apt. #, etc. apt #6		04072005 Chg-P CR2E034 (10/03)	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-0919069	
Zip 32812		Zip 32812		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMAGUER, ABEL 4864 S. CONWAY RD ORLANDO, FL 32806				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: <u>X Abel Almaguer</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P,TR ALMAGUER, ABEL 4864 S. CONWAY RD ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S ALMAGUER, YIDA 4864 S. CONWAY RD ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u>X Abel Almaguer</u> <u>PRESIDENT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					