

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90074 050 \*\*\*150.00

<b>DOCUMENT # P04000040084</b> 1. Entity Name <b>SERIANO TILE INC.</b>			
Principal Place of Business <b>1436 BAY HARBOR DRIVE APT 106 PALM HARBOR FL 34685</b>		Mailing Address <b>1436 BAY HARBOR DRIVE APT 106 PALM HARBOR FL 34685</b>	
2. Principal Place of Business <b>8233 Royal Hart Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8233 Royal Hart Dr.</b> Suite, Apt. #, etc.	
City & State <b>New Port Richey FL</b> Zip <b>34653</b>		City & State <b>New Port Richey FL</b> Zip <b>34653</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>56-2440198</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUSHEIKO, SELWYN 1810 PINELLAS AVENUE S SUITE J PALM HARBOR FL 34689</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>SERIANO, ANTHONY</b> STREET ADDRESS <b>1436 BAY HARBOR DRIVE APT. 106</b> CITY- ST- ZIP <b>PALM HARBOR FL 34685</b>	<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
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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.			
<b>SIGNATURE:</b>		<b>3/28/05</b> <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	