


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 048 ***158.75

DOCUMENT # P04000046952	
1. Entity Name ARROYO'S TILE, INC.	

Principal Place of Business 4787 CARSON COVE DR #1805 ORLANDO, FL 32811	Mailing Address 4787 CARSON COVE DR #1805 ORLANDO, FL 32811
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50062253



2. Principal Place of Business 6121 Antilla Dr.	3. Mailing Address 6121 Antilla Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08112005 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL
Zip 32809	Zip 32809
Country USA	Country USA

4. FEI Number 20-0299911	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ARROYO, ANDRES
4787 CARSON COVE DR #1805
ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	6121 Antilla Dr.
City	Orlando
State	FL
Zip Code	32809

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 *Andres Arroyo* (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** 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	DP ARROYO, ANDRES 4787 CARSON COVE DR #1805 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6121 Antilla Dr. Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARROYO, BRAULIO 4787 CARSON COVE DR #1805 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6121 Antilla Dr. Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARROYO, RUBEN 4787 CARSON COVE DR #1805 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6121 Antilla Dr. Orlando, FL 32809
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: *Andres Arroyo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____