

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085952

Entity Name: CALIFORNIA TILE CORP

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

2296 SW HALISSEE ST
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

6128 NW GINGER LANE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

2296 SW HALISSEE ST
PORT SAINT LUCIE, FL 34953

New Mailing Address:

6128 NW GINGER LANE
PORT SAINT LUCIE, FL 34986

FEI Number: 20-1190632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OLIVEIRA, IVAIR S
2296 SW HALISSEE ST
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

EAGLE TAX REPRESENTATION, CORP
23150 SANDALFOOT PLAZA DRIVE
E
BOCA RATON, FL 33428 US

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.

SIGNATURE: PAULO OLIVEIRA

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE OLIVEIRA, IVAIR S
Address: 5368 NW WESTPADEN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: V () Delete
Name: SANTOS, JOANA B
Address: 5368 NW WESTPADEN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAIR S DE OLIVEIRA

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date