


2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/ FILED
 Mar 19, 2008 8:00 am
 Secretary of State

02-14-2008 90016 034 ***150.00

DOCUMENT # P04000101162

1. Entity Name
 DE ORO TILE, INC.



Principal Place of Business
 8260 SW 22 STREET
~~807~~ 104
 NORTH LAUDERDALE, FL 33068 US

Mailing Address
 8260 SW 22 STREET
~~307~~ 104
 NORTH LAUDERDALE, FL 33068 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02102008 Chg-P CR2E034 (12/06)

4. FEI Number
 43-2062443

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE ORO, OTTO R
 8260 SW 22 STREET
~~807~~ 104
 NORTH LAUDERDALE, FL 33068

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 _____ DATE _____
Digitally signed by [Name] DN: cn=[Name], o=[Organization], ou=[Organization], email=[Email] (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 DE ORO, OTTO R 8260 SW 22 STREET SUITE 807 104 NORTH LAUDERDALE, FL 33068 <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 exemptions contained 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 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: OTTO DE ORO 03 17 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #