2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

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Entity Name: POINCIANA CITY TILE, INC.

Current Principal Place of Business:

849 CYPRESS PKWY
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

849 CYPRESS PKWY
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 20-1343373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VEGA ALICEA, LUIS F
874 TOWNE CENTER DR
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

SALAZAR, HECTOR F
2701 MICHIGAN AVENUE SUITEC
KISSIMMEE, FL 34744 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: HECTOR F. SALAZAR 07/09/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CABAN, BENJAMIN
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

Title: VP (X) Delete
Name: CABAN, BETHSAIDA
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC ( ) Delete
Name: CABAN JR, BENJAMIN
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SALAZAR, HECTOR F
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

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

Title: SEC (X) Change ( ) Addition
Name: SALAZAR, HECTOR F
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify 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: HECTOR F. SALAZAR P 07/09/2008
Electronic Signature of Signing Officer or Director Date