## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000119279

Entity Name: JAVYMER TILE, CORP

6912 N COOLIEGE AVENUE

TAMPA, FL 33614

Address: City-St-Zip: FILED Apr 30, 2009 Secretary of State

•		,			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	DOLIDGE AV L 33614 US	3			
Current Mailing Address:			New Mailing Address:		
6912 N COOLODGE AV TAMPA, FL 33614 US			6912 N COOLIDGE AV TAMPA, FL 33614 US		
FEI Number	: 20-1501530	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
TAMPA, F	DOLIDGE AV L 33614 US		ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ) SANCHEZ, JAV 6912 N COOLII TAMPA, FL 33	DGE AV	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) CORREA, MER 6912 N COOLII TAMPA, FL 33	DGE AV	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:		) Delete TANA, DEMETRIO M	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAVIER SANCHEZ P 04/30/2009