


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 030 ***150.00

DOCUMENT # P04000127746 1. Entity Name KISSIMMEE PRESIDENT TILE.CORP			
Principal Place of Business 1372 SIERRA CIRCLE KISSIMMEE, FL 34744		Mailing Address 1372 SIERRA CIRCLE KISSIMMEE, FL 34744	
2. Principal Place of Business 2414 Debra CT.		3. Mailing Address 2414 Debra CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL.		City & State Kissimmee, FL.	
Zip 34744-		Country USA	
4. FEI Number 20-2566205		Applied For Not Applicable	
5. Certificate of Status Desired, <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, GUILLERMO E 1372 SIERRA CIRCLE KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name <u>CASTRO, Guillermo E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2414 Debra CT.</u> City <u>Kissimmee</u> FL Zip Code <u>34744</u>	
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 <u>X</u> <u>[Signature]</u> DATE <u>03/26/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. CASTRO, GUILLERMO E <input type="checkbox"/> Delete 1372 SIERRA CIRCLE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CASTRO, Guillermo E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2414 Debra CT. Kissimmee, FL 34744
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
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 an officer like empowered.			
SIGNATURE: <u>X</u> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/26/05</u> Daytime Phone # <u>321 6240864</u>	

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