

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 006 ***150.00

DOCUMENT # P04000134348 1. Entity Name A TO Z TILE, INC.			
Principal Place of Business 213 MAIN ST DUNDEE, FL 33838		Mailing Address 213 MAIN ST DUNDEE, FL 33838	
2. Principal Place of Business - No P.O. Box # 2615 Avondale Ct.		3. Mailing Address 2615 Avondale Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34746		Zip 34746	
Country		Country	
4. FEI Number 20-1721377		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 VAZQUEZ, ANGEL 213 MAIN ST DUNDEE, FL 33838		7. Name and Address of New Registered Agent Name <u>Angel Vazquez</u> Street Address (P.O. Box Number is Not Acceptable) <u>2615 Avondale Ct.</u> City <u>Kissimmee</u> <u>FL</u> Zip Code <u>34746</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>Mr. Angel Vazquez Jr.</u> DATE <u>1/15/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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.D VAZQUEZ, ANGEL 213 MAIN ST DUNDEE, FL 33838	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2615 Avondale Ct Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GONZALEZ-VAZQUEZ, ZULMA I 213-MAIN ST DUNDEE, FL 33838	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2615 Avondale Ct Kissimmee, FL 34746
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 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: <u>Mr. Angel Vazquez Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/15/2007</u> Daytime Phone # <u>863-412-4174</u>	