

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90044 047 \*\*\*158.75

**DOCUMENT # P04000150186**

1. Entity Name

WALTER'S TILE INSTALLATIONS, INC.



Principal Place of Business

2389 AVENIDA BARCELONA ESTE  
WEST PALM BEACH, FL 33415 US

Mailing Address

2389 AVENIDA BARCELONA ESTE  
WEST PALM BEACH, FL 33415 US

2. Principal Place of Business

225 Perry Avenue

Suite, Apt. #, etc.

3. Mailing Address

225 Perry Avenue

Suite, Apt. #, etc.

City & State

Greenacres, Florida

City & State

Greenacres, Florida

Zip

33463

Country

Palm Beach

Zip

33463

Country

Palm Beach

04112005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1839180

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVARENGA, WALTER E  
2389 AVENIDA BARCELONA ESTE  
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name Walter Elias Alvarenga

Street Address (P.O. Box Number is Not Acceptable)

225 Perry Avenue

City

Greenacres

FL

Zip Code  
33463

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

*[Signature]*

Walter E. Alvarenga, President

04/11/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME ALVARENGA, WALTER E  
STREET ADDRESS 2389 AVENIDA BARCELONA ESTE  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE VPS ☐ Delete  
NAME ALVARENGA, FLOR N  
STREET ADDRESS 2389 AVENIDA BARCELONA ESTE  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*[Signature]*

Walter E. Alvarenga, President

04/11/2005 (561) 723-5138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #