## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000004498

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT PIERCE, FL 34947

GOMEZ SILVA, MANOEL

FT PIERCE, FL 34947

215 MADES DR

(X) Delete

FILED Jan 17, 2006 Secretary of State

Entity Nar	ne: M.V. TILE	E INSTALLATION SERVICE	S, INC.				
Current Principal Place of Business:			New Prir	New Principal Place of Business:			
204 VOGU FT PIERCI	E ST E, FL 34947		204 VOG FT PIERO	UE ST CE, FL 34947	US		
Current Mailing Address:				New Mailing Address:			
204 VOGU FT PIERCI	E ST E, FL 34947						
FEI Number:	30-0292665	FEI Number Applied For()	FEI Number Not Ap	plicable ( )	Certificate of Status Desire	d ( )	
Name and	Address of (	Current Registered Agent	: Name an	Name and Address of New Registered Agent:			
204 VOGU	OBERDAN M IE ST E, FL 34947	US					
	named entity of Florida.	submits this statement for the	ne purpose of changing	its registered o	office or registered agent,	or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered	Agent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( VELOZO, OBE 204 VOGUE S <sup>*</sup> FT PIERCE, FI	Т	Title: Name: Address: City-St-Zip:	VELOZO, OBE 204 VOGUE S' FT PIERCE, FI	Г		
Title: Name: Address: City-St-Zip:	V ( MIRANDA, GLE 715 MADES DI FT PIERCE, FI	R	Title: Name: Address: City-St-Zip:	VELOSO, WES 215 MADES DI	₹		
Title: Name: Address:	*	) Delete _VA, FABRICIO R	Title: Name: Address:	D (X SILVA, LUAN F 212 ROCKLAN			

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT PIERCE, FL 34947 US

() Change () Addition

SIGNATURE: OBERDAN M VELOZO PD 01/17/2006