## 2007 FOR PROFIT CORPORATION

## Feb 09, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P05000014688** 02-09-2007 90026 046 \*\*\*150.00 1. Entity Name POOLS TILE DESIGN & DECORATION, INC Principal Place of Business Mailing Address 40015030 1162 NW 124 PATH 1162 NW 124 PATH MIAMI, FL 33182 MIAMI, FL 33182 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2238437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MESA, SERGIO DO NOT WRITE 1162 NW 124 PATH IN THIS SPACE MIAMI, FL 33182 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MESA, SERGIO NAME STREET ADDRESS 1162 NW 124 PATH CITY-ST-ZIP MIAMI, FL 33182 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP TIT1 F NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

JSS-549

FILED