

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90393 023 ***150.00

DOCUMENT # P05000026336 1. Entity Name DYLAN TILE, INC.					
Principal Place of Business 18875 NW 62ND AVE., SUITE 202 MIAMI LAKES, FL 33015			Mailing Address 18875 NW 62ND AVE., SUITE 202 MIAMI LAKES, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 37-1505483	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DELGADO, LAZARO R 18875 NW 62ND AVE., SUITE 202 MIAMI LAKES, FL 33015				7. Name and Address of New Registered Agent -- -- Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <i>Lazaro R. Delgado</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 04-28-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PVSD DELGADO, LAZARO R 18875 NW 62ND AVE., SUITE 202 MIAMI LAKES, FL 33015				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change 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: <i>Lazaro R. Delgado</i> 04-28-06 (786-2950656) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					