## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048701

**ELAIN DOMINGUEZ TILE CORP** 

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

05-01-2006 90468 013 \*\*\*150.00

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Principal Place of Business M			Mailing Address	Mailing Address							
6903 W 29 AVE			6903 W 29 AVE	6903 W 29 AVE			60032488				
APT 104 B			APT 104 B				000 y	-			
HIALEAH, FL 33018			HIALEAH, FL 33018	HIALEAH, FL 33018			eral Ball Asia Ball Sal		918 <b>1921 92</b> 181 61	11091 (C   CS)	
Principal Place of Business     3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.	<u> </u>		04242006	Cha D	CDOE	NA (44/DE)		
						04242006	Chg-P	CRZEC	034 (11/05)		
City & State Hinleah, FL			City & State	City & State Hialeah, FL		4. FEI Number	2/20/	20	<del></del>	plied For	
				<del></del>		20	<i>- 263813</i>	38		t Applicable	
Zip 33	018	Country U.S.A.	<sup>Zip</sup> 33018	Country U.S. A		5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
DOMING	IEZ ELAIN		Name								
DOMINGUEZ, ELAIN P 6903 W 29 AVE					Street Address (P.O. Box Number is Not Acceptable)						
APT 104 B							·				
HIALEAH,	FL 33018	1									
·						<u> </u>		FL	Zip Code	Ð	
8. The above	named entity	submits this statement for	l stered office or	register	ed agent, or both	in the State of Flo		familiar with.	and accept		
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											
Oldinition L		or printed name of registered agent a	nd title if applicable. (NOTE: Reg	pistered Agent signati	re required	when reinstating)		DATE			
-								-			
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finar After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.					\$5.	00 May Be ed to Fees					
AILUI HI	ay 1, 2000	<b> 9530.</b> 0	i doct and continue	tion.	Audi	90 (U F665					
10.	Ţ	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	P .		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS		JEZ, ELAIN P		NAME							
CITY-ST-ZIP				STREET ADDRESS CITY - ST - ZIP							
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NAME	☐ Delete TITLE								Change	☐ Addition	
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CITY-ST-ZIP				CITY-ST-ZIP							
TITLÉ	-		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAME					energe		
STREET ADORESS				STREET ADDRESS							
CITY-ST-ZIP				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 of 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 an other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delate

Delete

04-21-06 Date (305)218-246

☐ Change

☐ Change

☐ Change

Addition

Addition

☐ Addition