


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2006 8:00 am
Secretary of State

04-28-2006 90150 028 ***150.00

DOCUMENT # P05000064297 1. Entity Name YOSVANY TORRES WE TILE INC.					
Principal Place of Business 744 AQUATIC DR ATLANTIC BEACH FL 32233 US			Mailing Address 744 AQUATIC DR ATLANTIC BEACH FL 32233 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 10960 Beach Blvd Suite, Apt. #, etc. Lot 506 City & State TX FL Zip 32246 Country LLS			
4. FEI Number 20-2781842				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent GAZQUEZ TORRES, YOSVANY 744 AQUATIC DR JACKSONVILLE FL USA			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Yosvani Torres</i></u> DATE <u><i>06/04/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P GAZQUEZ TORRES, YOSVANY 744 AQUATIC DR ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UMPIERRE, MARIA A 744 AQUATIC DR ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Yosvani Torres</i></u> DATE <u><i>06/04/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					