

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067093

Entity Name: A. F. TILE, CORP.

FILED  
Apr 10, 2007  
Secretary of State

## Current Principal Place of Business:

215 MADES DR  
FORT PIERCE, FL 34947 US

## New Principal Place of Business:

215 MADES DR.  
FORT PIERCE, FL 34947 US

## Current Mailing Address:

215 MADES DR  
FORT PIERCE, FL 34947 US

## New Mailing Address:

215 MADES DR.  
FORT PIERCE, FL 34947 US

FEI Number: 20-2810167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPLACE, CORP  
2721 S US 1 SUITE 9  
FORT PIERCE, FL 34947 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SILVA, ALAIR F  
Address: 215 MADES DR  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D ( ) Delete  
Name: SILVA, MANOEL G  
Address: 215 MADES DR  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: VD ( ) Delete  
Name: DA SILVA, KIM  
Address: 215 MADES DR  
City-St-Zip: FORT PIERCE, FL 34947 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ALAIR F. SILVA

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date