

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067093

Entity Name: A. F. TILE, CORP.

FILED
May 17, 2008
Secretary of State

Current Principal Place of Business:

215 MADES DR.
FORT PIERCE, FL 34947 US

New Principal Place of Business:

1162 SE FLORESTA DR
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

215 MADES DR.
FORT PIERCE, FL 34947 US

New Mailing Address:

1162 SE FLORESTA DR
PORT ST LUCIE, FL 34983 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PD (X) Change () Addition
Name: SILVA, ALAIR F
Address: 1162 SE FLORESTA DR
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D (X) Change () Addition
Name: SATHER, MOACIR
Address: 1162 SE FLORESTA DR
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VD (X) Change () Addition
Name: DA SILVA, KIM
Address: 1162 SE FLORESTA DR
City-St-Zip: PORT ST LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify 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 SILVA

P/D

05/17/2008

Electronic Signature of Signing Officer or Director

Date