

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067093

Entity Name: A. F. TILE, CORP.

FILED  
Mar 18, 2009  
Secretary of State

## Current Principal Place of Business:

1162 SE FLORESTA DR  
PORT ST LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

1162 SE FLORESTA DR  
PORT ST LUCIE, FL 34983 US

## New Mailing Address:

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:

TAXPLACE CORP  
2721 S US 1 SUITE 9  
FORT PIERCE, FL 34982 US

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: CLAUDIO RIBEIRO

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: FERNANDES, ALTAIR  
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 F. SILVA

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date