2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076313

City-St-Zip:

Entity Name: RAZ TILE CORPORATION

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9814 BERNWOOD PLACE DR #207 FT MYERS, FL 33912			1019 ANSON AVENUE LEHIGH ACRES, FL 33971			
Current M	lailing Addres	ss:	New Maili	ng Address	3:	
9814 BERNWOOD PLACE DR #207 FT MYERS, FL 33912			1019 ANSON AVENUE LEHIGH ACRES, FL 33971			
FEI Number:	: 20-2908893	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	l Address o	f New Registered Agent:	
1261 E SA	SE CORPORA MPLE RD D BEACH, FL					
	named entity e of Florida.	submits this statement for the p	purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATUR						
Election Car		nic Signature of Registered Agr g Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip: Title: Name: Address:	DE OLIVEIRAR 4961 30TH PL NAPLES, FL 3	4116) Delete KANDRE	Title: Name: Address: City-St-Zip: Title: Name: Address:	PD DE OLIVEIR 4961 30TH F NAPLES, FL VD PREATO, AL 1019 ANSO	PL SW . 34116 (X) Change ()Addition LEXANDRE	
City-St-Zip:	NAPLES, FL 3		City-St-Zip:		RES, FL 33971	
Title: Name: Address: City-St-Zip:	SD (TAVARES, FAE 4961 30TH PL NAPLES, FL 3	SW	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	() Delete	Title: Name:	D DE FREITAS	()Change(X)Addition S, LUCIANO S D	

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.

City-St-Zip:

SIGNATURE: ZAQUEU DE OLIVEIRA P 04/19/2006

LEHIGH ACRES, FL 33971