## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 25, 2007 08:00 AM Secretary of State **DOCUMENT # P05000085224** ARVIZU TILE SERVICES, CORP. Principal Place of Business Mailing Address **452 PENSACOLA DRIVE 452 PENSACOLA DRIVE** LANTANA, FL 33462 LANTANA, FL 33462 No Chg-P CR2E034 (11/05) 03142007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2992939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ARVIZU CARDENAS, MANUEL DO NOT WRITE 452 PENSACOLA DRIVE LANTANA, FL 33462 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ARVIZU CARDENAS, MANUEL STREET ADDRESS 452 PENSACOLA DRIVE CITY-ST-ZIP LANTANA, FL 33462 U00000729268 TITLE 05/08/07-80031-020 150.0D NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: POUL OF PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

MANUEL ARVIZU CARDENAS, PRESIDENT

03/14/2007

Date

(561) 255-4521

Daytime Phone #