


**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90013 014 \*\*\*150.00  
04-04-2006 90146 043 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # P05000089821</b>   |  |                                   |  |
| 1. Entity Name<br><b>ALPHA AND OMEGA TILE INC.</b>   |  |  |  |
| Principal Place of Business<br><b>1530 LETHAM ROAD 12<br/>WEST PALM BEACH, FL 33460 US</b>   |  | Mailing Address<br><b>1530 LETHAM ROAD 12<br/>WEST PALM BEACH, FL 33460 US</b>                                     |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |
| City & State   |  | City & State   |  |
| Zip  | Country  | Zip  | Country  |
| 4. FEI Number <b>01-0836450</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>MENENDEZ, ROGELIO<br/>1733 11TH AVENUE NORTH<br/>LAKE WORTH, FL 33460</b>  |  | 7. Name and Address of New Registered Agent  |  |
|  |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |  | City   |  |
|  |  | FL Zip Code  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |  |  |  |
| DATE _____   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PRES<br/>MENENDEZ, ROGELIO<br/>1733 11TH AVENUE NORTH<br/>LAKE WORTH, FL 33460</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>ALPHA &amp; OMEGA TILE, INC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1530 LETHAM ROAD 12<br/>WEST PALM BEACH, FL 33409</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <u><i>Rogelio Menendez</i></u>  |  | Date: <u>03-30-06</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date   |  |