


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
04-10-2008 90028 004 ***150.00
P05000097945
08 AUG -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000097945 1. Entity Name TILE LIQUIDATORS, INC.	
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Principal Place of Business 9 PALM HARBOR VILLAGE WAY F3 PALM COAST, FL 32137	Mailing Address 65 BOSTON LN PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3137613	Applied For <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

**BARBOSA, VICTOR
9 PALM HARBOR VILLAGE WAY
F3
PALM COAST, FL 32137**

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBOSA, VICTOR 9 PALM HARBOR VILLAGE WAY, F3 PALM COAST, FL 32137
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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: *Victor Barbosa* 8/5/08 3869311956

OFFICE OF SECRETARY OF STATE