

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90082 007 \*\*\*150.00

66007189



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3187316 ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DOCUMENT # P05000102428

1. Entity Name  
FINEST TILE INNOVATION, CORP.



Principal Place of Business  
4756 WALDEN CIRCLE APT. 621  
ORLANDO, FL 32811

Mailing Address  
4756 WALDEN CIRCLE APT. 621  
ORLANDO, FL 32811

2. Principal Place of Business  
3923 S. SEMORAN BLVD # 5  
Suite, Apt. #, etc.  
# 5  
City & State  
ORLANDO, FL  
Zip  
32822 Country

3. Mailing Address  
3923 S. SEMORAN BLVD  
Suite, Apt. #, etc.  
# 5  
City & State  
ORLANDO, FL  
Zip  
32822 Country

6. Name and Address of Current Registered Agent

FUNGERI, ALDAILDO  
4756 WALDEN CIRCLE APT. 621  
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name  
FUNGERI ALDAILDO  
Street Address (P.O. Box Number is Not Acceptable)  
3923 S. SEMORAN BLVD  
ORLANDO, FL  
City  
FL Zip Code  
32822

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 x Aldaildo Fungieri  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/06/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FUNGERI, ALDAILDO	
STREET ADDRESS	4756 WALDEN CIRCLE APT. 621	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BATISTA, LUIZ C	
STREET ADDRESS	4756 WALDEN CIRCLE APT. 621	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE FREITAS, ELLAS A	
STREET ADDRESS	4756 WALDEN CIRCLE APT. 621	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE SOUZA, EDIVALDO M	
STREET ADDRESS	4756 WALDEN CIRCLE APT. 621	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: x Aldaildo Fungieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/06

Date

Daytime Phone #



ATTACHMENT  
66007189

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

**FINEST TILE INNOVATION, CORP.**  
3223 S. SEMORAN BLVD  
#5  
ORLANDO, FL 32822

Subject: **FINEST TILE INNOVATION, CORP.**

Reference Number: **P05000102428**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION