

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90003 010 \*\*\*150.00

<b>DOCUMENT # P05000117014</b> 1. Entity Name <b>SICILIAN TILE INC.</b>					
Principal Place of Business <b>4082 NW 63RD STREET COCONUT CREEK, FL 33073 US</b>			Mailing Address <b>4082 NW 63RD STREET COCONUT CREEK, FL 33073 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8939 SW 16 ST</b>		3. Mailing Address <b>8939 SW 16 ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>		4. FEI Number <b>20-3350426</b>	
Zip <b>33433</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOCASCIO, JOSEPHINE 4082 NW 63RD STREET COCONUT CREEK, FL 33073</b>		7. Name and Address of New Registered Agent Name <b>DANA LOCASCIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8939 SW 16 ST</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33433</b>			
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: <span style="float: right;">3/7/07</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$160.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOCASCIO, JOSEPHINE 4082 NW 63RD ST COCONUT CREEK, FL 33073	DPVPTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP <b>DANA LOCASCIO 8939 SW 16 ST BOCA RATON, FL 33433</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <span style="float: right;">3/7/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					