

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90029 023 \*\*\*150.00

<b>DOCUMENT # P05000125772</b> 1. Entity Name <b>FANTA TILE SYSTEMS INC</b>					
Principal Place of Business <b>720 5TH ST SW NAPLES, FL 34117</b>			Mailing Address <b>720 5TH ST SW NAPLES, FL 34117</b>		
2. Principal Place of Business - No P.O. Box # <b>1210 20TH AVE NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1210 20TH AVE NE</b> Suite, Apt. #, etc.			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>20-3463785</b>	
Zip <b>34120</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07162008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, ROGELIO 720 5TH W NAPLES, FL 34117</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  DATE: <b>07/16/08</b> <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 \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HERNANDEZ, ROGELIO 720 5TH ST SW NAPLES, FL 34117</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HERNANDEZ, ROGELIO 1210 20TH AVE NE NAPLES, FL 34120</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:			Date: <b>07/16/08</b> Daytime Phone #: <b>(239) 289-7238</b>		