2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 17, 2006 8:00 am Secretary of State DOCUMENT # P05000135604 1. Entity Name 02-20-2006 90045 018 \*\*\*150.00 BLACK DIAMOND TILE INC. Principal Place of Business Mailing Address 3112 GIDDNES AVE. 3112 GIDDNES AVE. PPAATION #1 TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEt Number Applied For 02-075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINARES, HECTOR SR Street Address (P.O. Box Number is Not Acceptable) 9702N.CENTRAL AVE. LOT D-8 LOT D-8 **TAMPA FL 33612** City Zip Code 8. The above trained 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 Signature, typest or present nertial of trip steront agend and falls if applicable (NOTE: Registered Agent signature required when revisitating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 me Delete TITLE ☐ Change Addition RUIZ, OSMANY SR NAME NAME 3112 GIDDNES AVE.#1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP nne Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP -iiii.(-mur. \_\_\_\_Change\_\_\_\_\_\_\_Anditing NAME NAME STREET ADDRESS STREET ADDRESS CISY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition MLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-71P ☐ Delete ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THEE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZEP 12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 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 offect as if made under oath; that I am an officer or director of the corporation of 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 attactment with an address, with all other like empowered. 2-8-06 SIGNATURE: THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



## ATTACHMENT

66005786

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

BLACK DIAMOND TILE INC. 3112 GIDDNES AVE. #1 TAMPA, FL 33614

Subject: BLACK DIAMOND TILE INC

Reference Number:

P05000135604

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> 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.

/RM ANNUAL REPORTS SECTION

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