

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 044 ***150.00

DOCUMENT # P05000138321 1. Entity Name COUNTY LINE TILE DISTRIBUTOR, INC.			
Principal Place of Business 2850 SOUTH PARK ROAD PEMBROKE PARK, FL 33009		Mailing Address 2850 SOUTH PARK ROAD PEMBROKE PARK, FL 33009	
2. Principal Place of Business - No P.O. Box # 3205 S. STATE Rd 7		3. Mailing Address 3205 S. STATE Rd 7	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State West Park FL		City & State West Park FL	
Zip 33023		Zip 33023	
Country 		Country 	
4. FEI Number 20-3611885		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 RODRIGUEZ, ORTANCIO 2850 SOUTH PARK ROAD PEMBROKE PARK, FL 33009		7. Name and Address of New Registered Agent Name RODRIGUEZ, ORTANCIO Street Address (P.O. Box Number is Not Acceptable) 3205 S. STATE Rd 7 City West Park FL Zip Code 33023	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 5/22/08 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RODRIGUEZ, ORTANCIO 2850 SOUTH PARK ROAD PEMBROKE PARK, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RODRIGUEZ, ORTANCIO 3205 S. STATE Rd 7 West Park FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Telephone: _____	