

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000139654

Entity Name: SILVA TILE INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

10030 11TH ST N APT#102  
ST. PETERSBURG, FL 33716

## **New Principal Place of Business:**

10200 GANDY BLVD N  
412  
ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

10030 11TH ST N APT#102  
ST. PETERSBURG, FL 33716

## **New Mailing Address:**

10200 GANDY BLVD N  
412  
ST. PETERSBURG, FL 33702

FEI Number: 20-3625672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SILVA, CLAYSON V  
10030 11TH ST N APT#102  
ST. PETERSBURG, FL 33716 US

## **Name and Address of New Registered Agent:**

SILVA, CLAYSON V  
10200 GANDY BLVD N  
412  
ST. PETERSBURG, FL 33702 US

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.

SIGNATURE: CLAYSON SILVA

04/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVA, CLAYSON V  
Address: 10200 GANDY BLVD N UNIT 412  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: V  
Name: SILVA, IVALDO V  
Address: 10200 GANDY BLVD N UNIT 412  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: S  
Name: DIAS, AMANDA  
Address: 10200 GANDY BLVD N UNIT 412  
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLAYSON SILVA

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date