


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90068 002 ***158.75

DOCUMENT # P05000148588 1. Entity Name H & A TILE INSTALLATION SERVICES, INC.					
Principal Place of Business 5208 KAILUA LN ORLANDO, FL 32812			Mailing Address 5208 KAILUA LN ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box # 5208 Kailua Ln.		3. Mailing Address 5208 Kailua Ln.			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 20-3754260	
Zip 32812		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 32812		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARZABAL, HUGO 5208 KAILUA LN ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Hugo Larzabal Street Address (P.O. Box Number is Not Acceptable) 5208 Kailua Ln Orlando FL City FL Zip Code 32812	
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 <u><i>Hugo Larzabal</i></u> DATE <u>01-07-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P LARZABAL, HUGO 5208 KAILUA LN ORLANDO, FL 32812	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Delete			
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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"/> Delete			
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: <u><i>Hugo Larzabal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>01-07-08</u> Daytime Phone # <u>321-284-5852</u>		