

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

05-30-2008 90216 039 ***150.00

DOCUMENT # P06000005872

1. Entity Name
PARANA TILES, INC



Principal Place of Business
**1489 S. KIRKMAN APT. 1095
ORLANDO, FL 32811 US**

Mailing Address
**1489 S. KIRKMAN APT. 1095
ORLANDO, FL 32811 US**

66014772



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06182008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUNGERI, SILVIO A
2601 RACCOON RUN LANE
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name

Paiva, Jose M

Street Address (P.O. Box Number is Not Acceptable)

1489 S. Kirkman Rd #1095

City

Orlando

FL

Zip Code

32811

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 **Jose Moreira Paiva**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05-30-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ Delete
NAME **FUNGERI, SILVIO A**
STREET ADDRESS **1489 S. KIRKMAN APT 1095**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **PD** ☐ Delete
NAME **PAIVA, JOSE M**
STREET ADDRESS **1489 S. KIRKMAN APT 1095**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: **Jose Moreira Paiva**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-30-08
Date

407 276 2655
Daytime Phone #