

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000007207

Entity Name: VF PERFECT TILE, INC.

FILED  
Sep 02, 2009  
Secretary of State

## Current Principal Place of Business:

4815 TIDECREST AVE  
UNIT 159  
ORLANDO, FL 32819 US

## Current Mailing Address:

P.O.BOX 618365  
ORLANDO, FL 32861 US

## New Principal Place of Business:

12831 MADISON POINTE CIR  
UNIT 201  
ORLANDO, FL 32821 US

## New Mailing Address:

FEI Number: 20-4134586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON ACCOUNTING & CONSULTING SERV LLC  
8818 COMMODITY CIRCLE  
SUITE 40  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SERV LLC  
8810 COMMODITY CIRCLE  
SUITE 17  
ORLANDO, FL 32819 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: CAROLINE LARSON

09/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FREITAS, VICTOR T  
Address: 4815 TIDECREST AVE UNIT 159  
City-St-Zip: ORLANDO, FL 32819 US

Title: VP (X) Delete  
Name: DE OLIVEIRA, WALTER A JR  
Address: 4815 TIDECREST AVE UNIT 159  
City-St-Zip: ORLANDO, FL 32819 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FREITAS, VICTOR T  
Address: 12831 MADISON POINTE CIR APT 201  
City-St-Zip: ORLANDO, FL 32821 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICTOR FREITAS

P

09/02/2009

Electronic Signature of Signing Officer or Director

Date