

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041538

Entity Name: JOAN TILE INC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

4609 CABBAJE PALM DR
VALRICO, FL 33594 US

New Principal Place of Business:

336 TROPICANA PKWY E
CAPE CORAL, FL 33909 US

Current Mailing Address:

4609 CABBAJE PALM DR
VALRICO, FL 33594 US

New Mailing Address:

336 TROPICANA PKWY E
CAPE CORAL, FL 33909 US

FEI Number: 20-4564859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRERAS, SANTIAGO M
2722A TAMPA BAY BLVD
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

FLORIDA PERSONAL SERVICES INC.
1837 41ST TERRACE SW
NAPLES, FL 34116 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: JOSE RODRIGUEZ JR.

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ LOPEZ, PABLO
Address: 4609 CABBAJE PALM DR
City-St-Zip: VALRICO, FL 33594 US

Title: VP () Delete
Name: SOTO, YANOSKY
Address: 3712 BOBKO CIRCLE
City-St-Zip: NORTHPORT, FL 34291 US

Title: D () Delete
Name: RONDON, ALEXI R
Address: 6221 N. DALE MABRY HWY, APT 2504
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ LOPEZ, PABLO
Address: 8361 COSGROVE AVE
City-St-Zip: NORTH PORT, FL 34291 US

Title: VP (X) Change () Addition
Name: MARTIN, JOISE
Address: 8361 COSGROVE AVE
City-St-Zip: NORTH PORT, FL 34291 US

Title: T (X) Change () Addition
Name: RONDON, ALEXI R
Address: 6221 N. DALE MABRY HWY, APT 2504
City-St-Zip: TAMPA, FL 33614

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: PABLO ALVAREZ LOPEZ

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date