2008 FOR PROFIT CORPORATION **ANNUAL REPORT** 

SECRETARY OF STATE DIVISION OF COROTRATIONS DOCUMENT # P06000059210 08 SEP 18 PM 1: 36 LAGÉ TILE, INC Principal Place of Business Mailing Address 538 CHAPEL TRACE DR 538 CHAPEL TRACE DR **APT 305 APT 305** ORLANDO, FL 32807 ORLANDO, FL 32807 US 3. Mailing Address 10107 Suite, Apt. #, etc. Suite, Apt. #, etc. 09082008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number 20-4779792 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ LAGE, JUAN A Street Address (P.O. Box Number is Not Acceptable) 538 CHAPEL TRACE DR **APT 305** ORLANDO, FL 32807 0 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far the obligations of registered agent. SIGNATURE A d name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILÉ NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition GONZALEZ LAGE, JUAN A NAME NAME 538 CHAPEL TRACE DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32807 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 200136246042 /<u>23/08--</u>01014--009 \*\*150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. Thereby 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: X YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #