

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076766

Entity Name: EOM TILE, INC.

FILED  
Apr 04, 2008  
Secretary of State

## Current Principal Place of Business:

379 SW MAJESTIC TER.  
PORT ST. LUCIE, FL 34984

## New Principal Place of Business:

5520 NW EAST TORINO PKWY  
# 101  
PORT ST. LUCIE, FL 34986

## Current Mailing Address:

379 SW MAJESTIC TER.  
PORT ST. LUCIE, FL 34984

## New Mailing Address:

5520 NW EAST TORINO PKWY  
# 101  
PORT ST. LUCIE, FL 34986

FEI Number: 20-5146343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE OLIVEIRA MARTINS, ELIEL  
379 SW MAJESTIC TER.  
PORT ST. LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

DE OLIVEIRA MARTINS, ELIEL  
5520 NW EAST TORINO PKWY  
# 101  
PORT ST. LUCIE, FL 34986 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: ELIEL DE OLIVEIRA MARTINS

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE OLIVEIRA MARTINS, ELIEL  
Address: ELIEL DE OLIVEIRA MARTINS  
City-St-Zip: PORT ST. LUCIE, FL 34984

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DE OLIVEIRA MARTINS, ELIEL  
Address: 5520 NW EAST TORINO PKWY # 101  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: ELIEL DE OLIVEIRA MARTINS

PD

04/04/2008

Electronic Signature of Signing Officer or Director

Date