

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90030 002 ***150.00

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1. Entity Name
EPIFANIO MOTA TILE&MARBLE INSTALLATION INC.



Principal Place of Business Mailing Address
7807 COUNTRY CHASE AVE. 7807 COUNTRY CHASE AVE.
LAKELAND FL 33810 LAKELAND FL 33810



2. Principal Place of Business - No P.O. Box # **3105 MARSH HARBOR PL** 3. Mailing Address **3105 MARSH HARBOR PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State **ORLANDO FLORIDA** City & State **ORLANDO FLORIDA**
 Zip **32827** Country **USA** Zip **32827** Country **USA**

4. FEI Number **59-3682543** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MOTA, EPIFANIO
3105 MARSH HARBOR PL.
ORLANDO FL 32827

7. Name and Address of New Registered Agent
 Name
 Street Address (P O. Box Number Not Acceptable) **N/A**
 City **Orlando** State **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	MOTA, EPIFANIO
STREET ADDRESS	3105 MARSH HARBOR PL
CITY-ST-ZIP	ORLANDO FL 32827
TITLE	<input type="checkbox"/> Delete
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Delete
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Delete
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Delete
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A
STREET ADDRESS	N/A
CITY-ST-ZIP	N/A

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: Epfanio Mota 8/13/07 (321) 217-3838
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

