

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124810

FILED
Jan 30, 2007
Secretary of State

Entity Name: PENROSE TILE, CORP.

Current Principal Place of Business:

1809 SW PENROSE AVE
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

1809 SW PENROSE AVE.
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

1809 SW PENROSE AVE
PORT ST LUCIE, FL 34953 US

New Mailing Address:

1809 SW PENROSE AVE.
PORT ST LUCIE, FL 34953 US

FEI Number: 20-5640619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREIRA, ROSILENE R
1809 SW PENROSE AVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

PEREIRA, ROSILENE R
1809 SW PENROSE AVE.
PORT ST LUCIE, FL 34953 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: ROSILENE R. PEREIRA

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: PEREIRA, ROSILENE R
Address: 1809 SW PENROSE AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VP/D () Delete
Name: PEDROSO, DORIVAL
Address: 1809 SW PENROSE AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D () Delete
Name: SILVA, RICARDO V
Address: 901 MADES DR
City-St-Zip: FORT PIERCE, FL 34947 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREIRA, ROSILENE R
Address: 1809 SW PENROSE AVE.
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VPD (X) Change () Addition
Name: PEDROSO, DORIVAL
Address: 1809 SW PENROSE AVE.
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D (X) Change () Addition
Name: PEREIRA, FABIO A
Address: 5561 NW CRUZAN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSILENE R. PEREIRA

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date