2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/28/2008-90022-006-$150.00-$150.00

DOCUMENT # P06000155147

1. Entity Name

CARMELO'S TILE INC

FILED

08 MAY 27 AM 10:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3235 HOLLY BERRY LANE JACKSONVILLE FL 32277	3235 HOLLY BERRY LANE JACKSONVILLE FL 32277

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-8071183 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEREDOS, CARMELO
3235 HOLLY BERRY LANE
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 Carmelo Figuerdo 03-16-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEREDOS, CARMELO 3235 HOLLY BERRY LANE JACKSONVILLE FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIGUEREDOS, CARMELO 1014 SAINT CLAIR TER JACKSONVILLE FL 32254-2533	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carmelo Figuerdo 03-16-08 904-219-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #