2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000157419

1. Entity Name
CUSTOM QUALITY TILE MEN INC

Principal Place of Business	Mailing Address
14726 SW 41ST STREET AVENUE ROAD OCALA, FL 34473 US	14726 SW 41ST STREET AVENUE ROAD OCALA, FL 34473 US

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

04272008   Chg-P   CR2E034 (12/06)

4. FEI Number
20-8113994
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARBELO, ADRIAN 14726 SW 41ST STREET AVENUE ROAD OCALA, FL 34473	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 _Adrian Arbelo_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4-18-08

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	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	P D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARBELO, ADRIAN		NAME		
STREET ADDRESS	14726 SW 41ST STREET AVENUE ROAD		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP		
TITLE	S D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MANNS, ALEX		NAME		
STREET ADDRESS	4096 SW 147TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Adrian Arbelo_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08   3522072281
Date   Daytime Phone #