

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

04-17-2008 90014 028 ***150.00

DOCUMENT # P07000052149					
1. Entity Name D & B TILE OF HIALEAH, INC.					
Principal Place of Business 14200 NW 4TH ST SUNRISE, FL 33325			Mailing Address 14200 NW 4TH ST SUNRISE, FL 33325		
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	03282008 Chg-P CR2E034 (12/06)	
4. FEI Number 68-0658908				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YARBOROUGH, HAROLD G 14200 NW 4TH ST SUNRISE, FL 33325			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 _____ 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		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 D NAME YARBOROUGH, HAROLD G STREET ADDRESS 14200 NW 4TH ST CITY-ST-ZIP SUNRISE, FL 33325	☒ Delete		TITLE DPS NAME YARBOROUGH, HAROLD G. STREET ADDRESS 14200 NW 4TH STREET CITY-ST-ZIP SUNRISE, FL 33325	☒ Change ☐ Addition	
TITLE D NAME YARBOROUGH, DAVID A STREET ADDRESS 14200 NW 4TH ST CITY-ST-ZIP SUNRISE, FL 33325	☒ Delete		TITLE DT NAME YARBOROUGH, DAVID A. STREET ADDRESS 14200 NW 4TH STREET CITY-ST-ZIP SUNRISE, FL 33325	☒ Change ☐ Addition	
TITLE D NAME LLERENA, ALEJANDRO STREET ADDRESS 14200 NW 4TH ST CITY-ST-ZIP SUNRISE, FL 33325	☒ Delete		TITLE DV NAME LLERENA, ALEJANDRO STREET ADDRESS 14200 NW 4TH STREET CITY-ST-ZIP SUNRISE, FL 33325	☒ 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	
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 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 all changes, with all other like empowerments.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/15/08 Daytime Phone #: (954) 845-1110		

Harold G. Yarbrough, President