

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129788

Entity Name: ALVES TILE, CORP

FILED
Sep 18, 2008
Secretary of State

Current Principal Place of Business:

464 NW RAYMOND LN.
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

521 EVERGREEN TERRACE
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

464 NW RAYMOND LN.
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

521 EVERGREEN TERRACE
PORT ST. LUCIE, FL 34983 US

FEI Number: 26-1546354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVES, REINALDO O
464 NW RAYMOND LN.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

ALVES, REINALDO O
521 EVERGREEN TERRACE
PORT ST. LUCIE, FL 34983 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: REINALDO O. ALVES

09/18/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVES, REINALDO O
Address: 464 NW RAYMOND LN.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D (X) Delete
Name: SILVA, JAIRO
Address: 210 CALYPSO DR.
City-St-Zip: FORT PIERCE, FL 34947 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVES, REINALDO O
Address: 521 EVERGREEN TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: REINALDO O. ALVES

PD

09/18/2008

Electronic Signature of Signing Officer or Director

Date