## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**SIGNATURE** 

## FILED Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90099 036 \*\*\*150.00

DOCUMENT # P9400085579  1. Entity Name THE TILE MARKET OF PALM BEACH, INC.								04-11-2006	90099 0:	36 ***15	50.00	
Principal Plac 3330 W 45T WEST PALM	H ST		Mailing Address 2460 22ND AVE N ST PETERSBURG, FL 33713					·				
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04052006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State			4. FEI Numbe 65-053			<u> </u>	oplied For ot Applicable		
Zip		Country	Zip					of Status Desired	ا ت	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
HAGEN, MAX M 3990 SHERIDAN ST					Name –  Street Address (P.O. Box Number is Not Acceptable)							
SUITE 104.2 . HOLLYWOOD, FL 33021												
					City				FL	Zip Coo		
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, 2006 Fee will be \$550.00 Trust Fund Contribution.							00 May Be ed to Fees					
10.	,	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	4901 NW	AZI, ROBERTO 92ND AVE. ., FL 33351	☐ Delete			1214		ROBERTO TH STREET I ACRES FI	_	Change	☐ Addition	
TITLE NAME	DV Delete SILVERBERG, ROBERT			TITLE		,	VITTION	AUCO FI	<u> </u>	323 Change	Addition	
STREET ADDRESS CITY-ST-ZIP	800 24TH AVENUE NORTH SAINT PETERSBURG, FL 33704				ET ADORESS -\$1-zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ Delete		ET ADDRESS	12.14	JENAZI ( I NW 1141 MATTONI (	CAROL STREET ACRES,FL 3	33323	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			` 🗖 Delete	CITY	E Et address - 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 attackment with an address, with all other like empowered.												

ROBERTSINDREDG 415/04

Date

7273222634

Daytime Phone #