

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000086980



1. Entity Name
N.P. TILES, CORP.

Principal Place of Business
11695 NW 2ND STREET
SUITE 207
MIAMI, FL 33172 US

Mailing Address
11695 NW 2ND STREET
SUITE 207
MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE

**FILED
May 03, 2004 08:00 AM
Secretary of State**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0549585	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, NOLAN
11695 NW 2ND STREET
SUITE 207
MIAMI, FL 33172

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME PEREZ, NOLAN
STREET ADDRESS 11695 NW 2ND STREET, SUITE 207
CITY-ST-ZIP MIAMI, FL 33172

000000153494
05/04/04-80131-010 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Opie P.*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04 305-225-6743
Date Daytime Phone #