

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90069 029 ***150.00

DOCUMENT # P95000020473

1. Entity Name

TILES SOUTHEAST, INC.



Principal Place of Business

**7225 NW 25 ST
STE 201
MIAMI FL 33122**

Mailing Address

**PO BOX 227818
MIAMI FL 33122-7818
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0699037

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

**VIDAL, FERNANDO
1330 CORAL WAY #305
MIAMI FL 33145**

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **JAVIER, ARMANDO A**
STREET ADDRESS **7225 NW 25TH ST STE 201**
CITY - ST - ZIP **MIAMI FL 33122**

TITLE **VD** ☐ Delete
NAME **JAVIER, YVONNE**
STREET ADDRESS **7225 NW 25TH ST STE 201**
CITY - ST - ZIP **MIAMI FL 33122**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR MARIA C. GODOY**
STREET ADDRESS **701 SW 27 Ave ste 606**
CITY - ST - ZIP **Miami, FL 33135**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY - ST - ZIP **---**

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:

Armando Javier PDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/05
Date

786-2343377
Daytime Phone #