

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 028 ***158.75

DOCUMENT # P96000030074 1. Entity Name TILE REDI, INC.			
Principal Place of Business 6280 NW 104TH WAY PARKLAND, FL 33076		Mailing Address 6280 NW 104TH WAY PARKLAND, FL 33076	
2. Principal Place of Business 4450 NW 126 AVE.		3. Mailing Address	
Suite, Apt. #, etc. Suite # 101		Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL.		City & State	
Zip 33065		Country USA	
4. FEI Number 65-0653589		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HCRM CORP. 6280 NW 104TH WAY PARKLAND, FL 33076		7. Name and Address of New Registered Agent Name HCRM Corp. Street Address (P.O. Box Number is Not Acceptable) 4450 NW 126 Avenue Suite # 101 City Coral Springs FL Zip Code 33065	
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 _____ DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GERBER, LLOYD STREET ADDRESS 6280 NW 104TH WAY CITY- ST- ZIP PARKLAND, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/25/05 (954) 629-1366 <small>Daytime Phone #</small>	