


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000010463 1. Entity Name ST. CLOUD INTERNATIONAL TILE, INC.	
---	---

Principal Place of Business 1318 MICHIGAN AVE ST CLOUD, FL 34769	Mailing Address 1318 MICHIGAN AVE ST CLOUD, FL 34769
--	--



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3460010	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 QUARBERG, MARIA F 1318 MICHIGAN AVE ST CLOUD, FL 34769
--

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD QUARBERG, MARIA F 1318 MICHIGAN AVE ST CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CABRERA, TOMAS 1318 MICHIGAN AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MADAN, ARGELIA S 1318 MICHIGAN AVENUE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000534065
05/06/06-80147-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06
Date

Daytime Phone #