2004

FOR PROFIT CORPORATION

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DOCUMENT # Perroposition of State Do Not Write In This Space	UNIFORM BUSINESS REPORT (UBR)				Apr 30, 2004 08:00 AM	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1915 TAHITI PLACE Suite, Apt. 8, etc. City 8, State City 8, State KISSIMMEE, FL Zip 34741 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE To Country 1934741 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE To Country 194741 DO NOT WRITE IN THIS SPACE To Country 194741 DO NOT WRITE IN THIS SPACE To State of Florids. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicated. Amount May 1 Fee is \$150.00 Amended Use is \$561.00 Amended Use i		# P9700004	11315		Secretary o	State
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1915 TAHITI PLACE Suite, Apt. #, etc. Suite, Apt. #, e	ROB'S CERAMIC TIL	_E INC				
2. Principal Place of Business 13. Mailing Address 1915 TAHTI PLACE 1915 TAHTI PLACE Suite, Apt.#, etc. DO NOT WRITE IN THIS SPACE City & State City & State KISSIMMEE, FL Country Zip Country Zip Country Zip Country Size Address of Current Registered Agent Residence of Status Desired Residence Agent Residence of Status Desired Residence Agent Residence Agent Residence Agent Residence of Characteristics (Size Address) (P.O., Box Number is Not Acceptable) 1. Name and Address of Current Registered Agent Residence Agent Res		· · · · · · · · · · · · · · · · · · ·				
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DO NOT WRITE IN THIS SPACE City	1 .	•		} -	5. Certificate of Status Desired	
DO NOT WRITE IN THIS SPACE ROBERT BINTER JR Street Address (P.O. Box Number is Not Acceptable) 1915 TAHITI PLACE City KISSIMMEE 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 reinstalling) After May 1, Fee is \$550.00 A		100,1			ime and Address of Current Regi	stered Agent
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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 on an attachment with an address, with all other like empowered.

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

3/16/2004

407-944-9087

Date

Daytime Phone #