


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90313 001 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P97000063744</b><br>1. Entity Name<br><b>THE TILE MARKET OF DAVIE, INC.</b>   |  |   |   |            |  |
| Principal Place of Business<br><b>1450 W COPANS ROAD<br/>POMPAÑO BEACH, FL 33069</b>  |  |   | Mailing Address<br><b>1450 W COPANS ROAD<br/>POMPAÑO BEACH, FL 33069</b>  |   |  |
| 2. Principal Place of Business<br><b>2950 N. ANDREWS AVE. EXT.</b>  |  | 3. Mailing Address<br><b>2950 N. ANDREWS AVE. EXT.</b>  |   |   |  |
| Suite, Apt. #, etc.<br><b>SUITE # 120</b>   |  | Suite, Apt. #, etc.<br><b>SUITE # 120</b>   |   |   |  |
| City & State<br><b>POMPAÑO BEACH, FL.</b>   |  | City & State<br><b>POMPAÑO BEACH, FL.</b>   |   |   |  |
| Zip<br><b>33064</b>   |  | Country<br><b>USA</b>   |   | Zip<br><b>33064</b>   |  |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAGEN, MAX M<br/>3990 SHERIDAN STREET #104<br/>HOLLYWOOD, FL 33021</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PTD<br>ESQUENAZI, ROBERTO<br>1450 W COPANS ROAD<br>POMPAÑO BEACH, FL 33069 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PTD<br>ESQUENAZI ROBERTO<br>2950 N. ANDREWS AVE. EXT. STE. #120<br>POMPAÑO BEACH, FL. 33064 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>ESQUENAZI, CAROL<br>1450 W COPANS ROAD<br>POMPAÑO BEACH, FL 33069    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>ESQUENAZI CAROL<br>2950 N. ANDREWS AVE. EXT. STE. #120<br>POMPAÑO BEACH, FL. 33064    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>CAROL ESQUENAZI</u> <b>CAROL ESQUENAZI</b> 04-12-05 954-934-0013<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |   |  |