

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000063744

1. Entity Name
THE TILE MARKET OF DAVIE, INC.



**FILED
Apr 25, 2006 8:00 am
Secretary of State**

04-25-2006 90106 038 ***150.00

Principal Place of Business
29550 N ANDREWS AVE EXT
STE 120
POMPANO BEACH, FL 33064

Mailing Address

29550 N ANDREWS AVE EXT
STE 120
POMPANO BEACH, FL 33064

2. Principal Place of Business
2950 N ANDREWS AVE EXT
Suite, Apt. #, etc.
SUITE 120

3. Mailing Address
2950 N ANDREWS AVE EXT
Suite, Apt. #, etc.
SUITE 120

City & State
POMPANO BEACH

City & State
POMPANO BEACH, FL

Zip
33064

Country
Broward

Zip
33064

Country
Broward



04192006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0769819

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGEN, MAX M
3990 SHERIDAN STREET #104
HOLLYWOOD, FL 33021

*Address
Change
Only*

Name

Street Address (P.O. Box Number is Not Acceptable)

3531 GRIFFIN ROAD

City

FT LAUDERDALE

FL

Zip Code
33312

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 1

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME ESQUENAZI, ROBERTO
STREET ADDRESS 2950 N ANDREWS AVE EXT STE 120
CITY-ST-ZIP POMPANO BEACH, FL 33064

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE VD
NAME ESQUENAZI, CAROL
STREET ADDRESS 2950 N ANDREWS AVE STE 120
CITY-ST-ZIP POMPANO BEACH, FL 33064

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: Carol Esquenazi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

419-06 954-934-0013
Date Daytime Phone # EXT 201