

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90029 050 \*\*\*150.00

DOCUMENT # P97000093607

1. Entity Name

TRANS-WORLD TILE CORPORATION



Principal Place of Business

2112 FAULK DRIVE  
TALLAHASSEE FL 32303

Mailing Address

2112 FAULK DRIVE  
TALLAHASSEE FL 32303



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3483342

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTA, ARMANDO E  
2112 FAULK DRIVE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ORTA, ARMANDO E  
STREET ADDRESS 2112 FAULK DRIVE  
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE V ☐ Delete  
NAME ORTA, JABES D  
STREET ADDRESS ~~3008 BELMONT RD~~  
CITY- ST- ZIP ~~TALLAHASSEE FL 32301~~ ADDRESS CHANGE

TITLE T ☐ Delete  
NAME ORTA, CEINA  
STREET ADDRESS 2112 FAULK DRIVE  
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE S ☐ Delete  
NAME ORTA, VIOLETA  
STREET ADDRESS 2112 FAULK DRIVE  
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE Y ☒ Change ☐ Addition  
NAME ORTA, JABES D.  
STREET ADDRESS 740 WEST OSPREY  
CITY- ST- ZIP MONTICELLO, FL, 32304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Armando E. Ota* ARMANDO E ORTA Feb 13/2005 545-0299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #