## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # P98000023262  1. Entity Name ALEX'S TILE SERVICE INC.						04-13-2004 90030 020 ***150.00					
Principal Place of Business Mailing Address , ,				····		1	-				
4163 SHADY OAKS CT SARASOTA, FL 35233		4163 SHADY OAKS CT Sarasota, FL 35233									
							<b>.</b> 1878   1844   8814   1878	FIN ION HIGH M			
,	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02022004 Chg-P CR2E034 (10/03)					
City & State		City & State				4. FEI Numb		<del>:</del>	Applied For Not Applicable		
Zip Country		Zip Count		ry	5. Certificate of Sta		e of Status Desired		\$8.75 Add		
المام المام المحدد المام المام		Contatored Apont				ا ، مانيس بعديثند ، ا	Address of New	<u></u>	ee Require	<u>طي جي جا</u>	
6. Name and Address of Current Registered Agent					<u> </u>				<del>-</del>		
PASEK, MICHAEL D					NAME ALEXANDER IGERSKY						
4851 85TH AVE.					Street Address (P.O. Box Number is Not Acceptable)						
PINELLAS PARK, EL 33781				4163 SHADY O				T =			
*					SARASOTA			FL   256233			
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, fixed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		cing		00 May Be ad to Fees	3	:			
10.	OFFICERS AND I	DIRECTORS	11.		·	ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	3 IN 11	
TITLE	P	☐ Delete	TITLE NAME					1	☐ Change	Addition	
NAME STREET ADDRESS	IGERSKY, ALEXANDER	· · · · · · · · · · · · · · · · · · ·		T ADDRESS				i			
CITY-ST-ZIP				ST-ZIP							
TITLE		☐ Delete	TITLE	5	έÇ	1 4 1 4	i C C D S W	<del>.</del> 4	☐ Change	Addition	
NAME			NAME		Pr	7 2 C	GERSK HADY C	AKS C	7.		
STREET ADDRESS				T ADDRESS ST-ZIP	41	0 7 2 2 10 1 C 0	TA, F	1 24	122		
CITY-ST-ZIP		<b>———</b>	1—		<u>&gt; //</u>	14750	175, 1	- / (/		Th cause	
TITLE NAME		Delete	TITLE 3Man ⊱ -		- NAN	A_IGER	SKY	· • <u> </u>	☐ Change	Addition	
STREET ADDRESS			1	T ADDRESS	4163	s shad	OAKS	Çī ·			
CITY-ST-ZIP			CITY-			ASOTA	FL 3423	<u> </u>			
TITLE		Delete	TITLE	1		י אננוסב	GERSKY	:	☐ Change	🜠 Addition	
NAME STREET ADDRESS			NAME				OAKS CI	1 1			
CITY-ST-ZIP							FL 34233				
TITLE		☐ Delete	TITLE					:	☐ Change	Addition	
NAME			NAME					:			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				:			
		` [7] s.i.i		31*LIF				<u>;                                    </u>	☐ Change	Madition .	
TITLE NAME		` 🔲 Delete	TITLE NAME					•	CHANGE	Addition	
STREET ADDRESS		•		T ADDRESS							
CITY-ST-ZIP				ST-ZIP				<del></del>			
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for ti	the exen	nption stated	d in Se	ction 119.07(3)	(i), Florida Statute	s. I further cert er oath: that I a	ify that the ir m an officer	nformation or director	

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:

OURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/11/04

941-378-1240

Daytime Phone #