2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000047400

1. Entity Name
FLORIDA TILES INSTALLATION, INC.

Principal Place of Business	Mailing Address
15440 S.W. 81 CIR. LN SUITE 59 MIAMI, FL 33193	15440 S.W. 81 CIR. LN SUITE 59 MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

04042006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0842812		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALLON, VICTOR
15440 S.W. 81 CIR. LN
SUITE 59
MIAMI, FL 33193

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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, 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	D
NAME	BALLON, VICTOR
STREET ADDRESS	15440 SW 81 CIR., STE59 LN
CITY-ST-ZIP	MIAMI, FL 33193

TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/19/06 X3057902832
Date   Daytime Phone #