


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90014 027 \*\*\*150.00

<b>DOCUMENT # P98000107783</b> 1. Entity Name <b>D&amp;B TILE AND RELATED ENTERPRISES, INC.</b>					
Principal Place of Business <b>14200 N.W. 4TH STREET SUNRISE, FL 33325</b>			Mailing Address <b>14200 N.W. 4TH STREET SUNRISE, FL 33325</b>		
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		Country		4. FEI Number <b>65-0895629</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YARBOUROUGH, HAROLD G 14200 N.W. 4TH ST SUNRISE, FL 33325</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YARBOROUGH, DAVID A <input type="checkbox"/> Delete 14200 N.W. 4TH STREET SUNRISE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YARBOROUGH, HAROLD <input checked="" type="checkbox"/> Delete 14200 N.W. 4TH STREET SUNRISE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST YARBOROUGH, HAROLD G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14200 N.W. 4TH STREET SUNRISE, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, CYNTHIA Y <input type="checkbox"/> Delete 9351 SW 148 ST MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RONALD R <input type="checkbox"/> Delete 9351 SW 148 ST MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APAKIAN, GEORGE <input type="checkbox"/> Delete 12342 NW 30 MANOR FORT LAUDERDALE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, STEVEN <input type="checkbox"/> Delete 5141 NE 27 AVE POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS 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 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 another line empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/15/08</b> Daytime Phone # <b>(954) 845-1110</b>		

*Harold YARBOROUGH, Secretary*