


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91243 013 ***150.00

DOCUMENT # P99000005431	
1. Entity Name LUIS MOLINA TILE, CORP.	

Principal Place of Business 6800 NW 39TH AVE #450 COCONUT CREEK, FL 33073	Mailing Address 6800 NW 39TH AVE #450 COCONUT CREEK, FL 33073
--	--

24067500



2. Principal Place of Business 1156 SW HOGAN ST. Suite, Apt. #, etc.	3. Mailing Address 1156 SW HOGAN ST. Suite, Apt. #, etc.
--	--

04282004 Chg-P CR2E034 (10/03)

City & State PORT ST. LUCIE, FL	City & State PORT ST. LUCIE, FL
Zip 34983	Zip 34983
Country USA	Country USA

4. FEI Number 65-0896158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -	

6. Name and Address of Current Registered Agent MOLINA, LUIS MARTIN 6800 NW 39TH AVE #450 COCONUT CREEK, FL 33073	
---	--

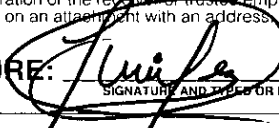
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1156 SW HOGAN ST. City PORT ST. LUCIE FL 34983	
---	--

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 	PRESIDENT	DATE 4/28/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MOLINA, LUIS MARTIN 9073 LAWRENCE RD., #G100 BOYNTON BEACH, FL 33490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1156 SW HOGAN ST. PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	LUIS M. MOLINA 4/28/04 478-8209