



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000054470 1. Entity Name SKL TILE, INC.	
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Principal Place of Business 112 LORI LANE HALLANDALE, FL 33009	Mailing Address 112 LORI LANE HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE

FILED
07 JAN -2 PM 4: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


08092006 No Chg-P CR2E034 (11/05) 2006 WSP

4. FEI Number 65-0928022	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

LABRECQUE, STEPHANE
112 LORI LANE
HALLANDALE, FL 33009

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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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LABRECQUE, STEPHANE 112 LORI LANE HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

500080448235
10/04/06--01006--016 **\$550.00

500080448235
01/02/07--01019--017 **\$200.00

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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

09-20-06 9545571037
Date Daytime Phone #