

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000092327	
1. Entity Name TILES HAULING, INC.	

Principal Place of Business 10441 N.W 133RD STREET HIALEAH GARDENS FL 33014-8112	Mailing Address 10441 N.W 133RD STREET HIALEAH GARDENS FL 33014-8112
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent	
ARTILES, VICENTE 10441 N.W 133RD STREET HIALEAH GARDENS FL 33014-8112	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

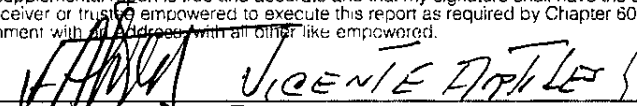
SIGNATURE _____ Signature typed or printed name of registered agent and the filer (Note: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	ARTILES, VICENTE
STREET ADDRESS	10441 N.W 133RD STREET
CITY-ST-ZIP	HIALEAH GARDENS FL 33014-8112
TITLE	☐ Delete
NAME	ARTILES, MILKA
STREET ADDRESS	10441 N.W 133RD STREET
CITY-ST-ZIP	HIALEAH GARDENS FL 33014-8112
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	U000000814449
STREET ADDRESS	02/13/08-80044-022 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **VICENTE ARTILES** **01/29/08** **822-0176**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Mo, Year