

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-03-2004 90026 015 ***150.00

DOCUMENT # P99000109765

1. Entity Name
THE TILE MARKET OF PLANTATION, INC.



Principal Place of Business
**11850 W. STATE ROAD 84
DAVIE, FL 33325**

Mailing Address
**11850 W. STATE ROAD 84
DAVIE, FL 33325**

44015136



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0969710

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARD H. HARRIS & ASSOCIATES, P.A.
4901 NW 17TH WAY, SUITE 406
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKINNON, CAROL 12141 N.E. 11TH ST. PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESQUENAZI, ROBERTO 12141 N.E. 11TH ST. PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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 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 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

Date

Daytime Phone #

Carol Mackinnon pres.

1-29-04 954-9163634