

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90551 002 ***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	
2. Principal Place of Business 2950 N. ANDREWS AVE. EXT. Suite, Apt. #, etc. STE # 120 City & State POMPANO BEACH, FL. Zip 33064 Country USA		3. Mailing Address 2950 N. ANDREWS AVE. EXT. Suite, Apt. #, etc. STE # 120 City & State POMPANO BEACH, FL. Zip 33064 Country USA	
4. FEI Number 65-0969710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD H. HARRIS & ASSOCIATES, P.A. 4901 NW 17TH WAY, SUITE 406 FT LAUDERDALE, FL 33309		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKINNON, CAROL 12141 N.E. 11TH ST. PLANTATION, FL 33323	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESQUENAZI, ROBERTO 12141 N.E. 11TH ST. PLANTATION, FL 33323	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKINNON, CAROL 2950 N. ANDREWS AVE. EXT. STE. # 120 POMPANO BEACH, FL. 33064	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESQUENAZI, ROBERTO 2950 N. ANDREWS AVE. EXT. STE. # 120 POMPANO BEACH, FL. 33064	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Carol Mackinnon</u> CAROL MACKINNON		Date: <u>4-13-05</u> Daytime Phone #: <u>954-916-3634</u>	