


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-03-2004 90002 025 ***150.00

| | |
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| DOCUMENT # S25110 1. Entity Name PREMIUM TILE, INC. |  |
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| Principal Place of Business 2307 W. BARCLAY ROAD TAMPA, FL 33618 | Mailing Address P.O. BOX 151925 TAMPA, FL 33618 |
|--|---|

04066311

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07262004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3100511 | 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

PANEPINTO, GABE
 3901 APPLETREE DRIVE
 VALRICO, FL 33594

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 | DP PIMENTEL, JUAN.U. 2307 W. BARCLAY ROAD TAMPA, FL 33618 |
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

Attachment 54066311

525110

PRIMIUM TILE, INC
P.O. BOX 151925
TAMPA, FL 33684-1925
813-917-7719

July 26, 2004

Secretary of State
Division of Corporations
P.O. Box 6327
~~Tallahassee, FL 32314~~

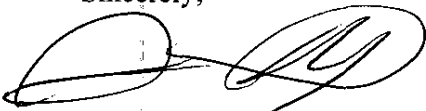
Gentlemen:

Enclosed is our Annual Report for 2004 along with our check in the amount of \$150 to cover the filing fee.

We are requesting that the late filing fee of \$400 we waived since neither the corporation nor its registered agent have received the notification card for the 2004 Annual Report. Since the notification of renewal was not received it was assumed that the reinstatement fee of \$1,800 paid in December 2003 covered 2004.

Thank you for your consideration given our request.

Sincerely,



Juan Pimentel
President

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