


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90023 031 \*\*\*150.00

**DOCUMENT # P05000047851**

1. Entity Name  
**O.A.A. TILE, INC.**



Principal Place of Business      Mailing Address

**8 E. FILLMORE AVENUE**      **8 E. FILLMORE AVENUE**  
**ORLANDO, FL 32809 US**      **ORLANDO, FL 32809 US**

**00003334**

2. Principal Place of Business      3. Mailing Address

**6778 Patrick Henry Ln**      **6778 Patrick Henry Ln**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



04032006      Chg-P      CR2E034 (11/05)

City & State      City & State

**Orlando FL**      **Orlando FL**

Zip      Country      Zip      Country

**32809 USA**      **32809 USA**

4. FEI Number      Applied For

**20-2609956**       Not Applicable

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

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6. Name and Address of Current Registered Agent

**ALMIRON, OSCAR A**  
**8 E. FILLMORE AVENUE**  
**ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

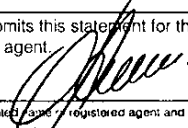
Name      **Oscar A. Almiron**

Street Address (P.O. Box Number is Not Acceptable)

**6778 Patrick Avenue**

City      **Orlando FL**      Zip Code      **32809**

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: **04-03-06**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

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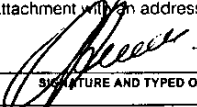
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALMIRON, OSCAR A	
STREET ADDRESS	8 E. FILLMORE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Almiron, Oscar A.	
STREET ADDRESS	6778 Patrick Henry Ln.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:       DATE: **04-03-06**      DAYTIME PHONE #: **407.816.9058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #