

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90478 006 ***150.00



DOCUMENT # P05000047851
 1. Entity Name
O.A.A. TILE, INC.

Principal Place of Business Mailing Address
6778 PATRICK HENRY LANE **6778 PATRICK HENRY LANE**
ORLANDO, FL 32809 US **ORLANDO, FL 32809 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
909 Marlowe Avenue **909 Marlowe Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL **Orlando FL**

Zip Country Zip Country
32809 USA **32809 USA**

04192007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
20-2609956 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
ALMIRON, OSCAR A
6778 PATRICK AVE
ORLANDO, FL 32809

7. Name and Address of New Registered Agent
 Name **Oscar A. Almiron**
 Street Address (P.O. Box Number is Not Acceptable)
909 Marlowe 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: *[Signature]* DATE: **4-28-07**
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, 2007 Fee will be \$550.00
 9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	ALMIRON, OSCAR A
STREET ADDRESS	6778 PATRICK HENRY LANE
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	909 Marlowe Avenue
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: *[Signature]* Date: **4-28-07** Daytime Phone #: **407.242.7348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR