# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE L RAFAEL PABLO

Electronic Signature of Signing Officer/Director Detail

# FORT MYERS. FL 33905 **Current Mailing Address:**

**Current Principal Place of Business:** 

519 ADAMS AVE FORT MYERS. FL 33905 US

DOCUMENT# P22000072291

519 ADAMS AVE

#### FEI Number: 92-0379172

#### Name and Address of Current Registered Agent:

RAFAEL PABLO, JOSE L 519 ADAMS AVE FORT MYERS, FL 33905 US

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.

## SIGNATURE: JOSE RAFAEL PABLO

Electronic Signature of Registered Agent

Entity Name: PABLO TILE & FLOORING INSTALATION INC

## **Officer/Director Detail :**

Title	Ρ
Name	RAFAEL PABLO, JOSE L
Address	519 ADAMS AVE
City-State-Zip:	FORT MYERS FL 33905

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# Certificate of Status Desired: Yes

01/30/2024 Date

Date

FILED Jan 30, 2024 Secretary of State 4299915307CC

PRESIDENT

01/30/2024