

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 041 ***158.75

DOCUMENT # P0000025580

1. Entity Name
BIG MARBLE AND TILES, INC.



Principal Place of Business
**15266 HARRISON DRIVE
 HOMESTEAD, FL 33033**

Mailing Address
**15266 HARRISON DRIVE
 HOMESTEAD, FL 33033**

2. Principal Place of Business
15455 SW. 298 Terr

3. Mailing Address
15455 SW. 298 Terr

Suite, Apt. #, etc.



01112006 Chg-P CR2E034 (11/05)

City & State
Homestead, Florida

City & State
Homestead, Florida

Zip Country
33033 USA

Zip Country
33033 US

4. FEI Number
65-1085917

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PERREZ, JOSE A
 15266 HARRISON DRIVE
 HOMESTEAD, FL 33033**

7. Name and Address of New Registered Agent

Name
Perez, Jose

Street Address (P.O. Box Number is Not Acceptable)
15455 SW. 298 Terr

City
Homestead FL Zip Code
33033

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]* **Perez Jose A.** **01-19-06**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTSD	PEREZ, JOSE	29301 FLORIDA ROAD	HOMESTEAD, FL 33033	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PTSD	Perez, Jose	15455 SW. 298 Terrace	Homestead, FL 33033	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **Perez Jose A.** **01-19-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #