


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000108452  
 1. Entity Name  
**B & D MARBLE TILE, INC.**



Principal Place of Business      Mailing Address  
 1004 NE 151 TE                      1004 NE 151 TE  
 NORTH MIAMI BEACH, FL 33162      NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE IN THIS SPACE**



01102006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1151355**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 VILLANUSTRE, MARIO  
 1004 NE 151 TE  
 NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE IN THIS SPACE**

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 \$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**

1000001483663  
 04/12/06-800008-003 150.00

10. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | PD                          |
| NAME           | VILLANUSTRE, MARIO          |
| STREET ADDRESS | 1004 NE 151 TE              |
| CITY-ST-ZIP    | NORTH MIAMI BEACH, FL 33162 |
| TITLE          | VPD                         |
| NAME           | VILLANUSTRE, LIDIA          |
| STREET ADDRESS | 1004 NE 151 TE              |
| CITY-ST-ZIP    | NORTH MIAMI BEACH, FL 33162 |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

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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: Lidia Villanustre      Date: 1/10/06      Daytime Phone #: (305) 919-7989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR