## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OF

TED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State DOCUMENT # P02000025497 02-20-2007 90035 045 \*\*\*150.00 KING TILE & MARBLE, CORP. Principal Place of Business Mailing Address 40020000 2736 WASHINGTON ST. 2736 WASHINGTON ST. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01192007 Cho-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 04-3617250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARQUES, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 2736 WASHINGTON ST. HOLLYWOOD, FL 33020 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PVST ☐ Change ■ Addition TITLE ☐ Delete TITLE MARQUES ROBERT B NAME NAME STREET ADDRESS 2736 WASHINGTON ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition MARQUES, ROBERT B NAME NAME STREET ADDRESS 2736 WASHINGTON ST. STREET ADDRESS CITY - ST - ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITEE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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.

FILED Feb 20, 2007 8:00 am

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