


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000125909 1. Entity Name AMAT TILE & MARBLE CORP	
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Principal Place of Business 1353 CR 13 ORLANDO, FL 32820	Mailing Address 1353 CR 13 ORLANDO, FL 32820
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DO NOT WRITE IN THIS SPACE



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2131101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMAT, JUAN J 1353 CR 13 ORLANDO, FL 32820
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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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMAT, JUAN J 1353 CR 13 ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMAT, VIDA 1353 CR 13 ORLANDO, FL 32820
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 06/04/08-80053-025 150.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-08 (786)-229-6526
Date Daytime Phone #