


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 91056 018 ***150.00

DOCUMENT # P03000143428

1. Entity Name
KASSINATH TILE AND MARBLE INC.



Principal Place of Business Mailing Address

236 OLIVE TREE CIRCLE 236 OLIVE TREE CIRCLE
 WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413
 US US

66421063



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

20-0457646 Not Applicable

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

6. Name and Address of Current Registered Agent

KASSINATH, WINSTON
236 OLIVE TREE CIRCLE
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ 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, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSINATH, WINSTON	NAME	
STREET ADDRESS	236 OLIVE TREE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	
TITLE	SEC. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSINATH, WINSTON	NAME	
STREET ADDRESS	236 OLIVE TREE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	
TITLE	TREA. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSINATH, LISA	NAME	
STREET ADDRESS	236 OLIVE TREE CIR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSINATH, WINSTON	NAME	
STREET ADDRESS	236 OLIVE TREE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSINATH, LISA	NAME	
STREET ADDRESS	236 OLIVE TREE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Winston Kassinath President 4/21/04 561-236-6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #