


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000066823
1. Entity Name
SHAHER TILE & MARBLE, INC.



Principal Place of Business 1141 SILVER CREEK RUN PORT ORANGE, FL 32129	Mailing Address 1141 SILVER CREEK RUN PORT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



08162006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2454761	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

CUTLER, RONALD
1171 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

**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
Due by September 6, 2006**

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

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	D SHAHER, CARL ADDISON 1141 SILVER CREEK RUN PORT ORANGE, FL 32129
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08/21/06-80004-009 150.00

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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: Barbara S. Shafer Date: 08-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #