## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2006 08:00 AM **Secretary of State DOCUMENT # P04000122743** PERFECT SURFACES TILE & MARBLE, INC. Principal Place of Business Mailing Address 5065 NW 121 DR. 5065 NW 121 DR. CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1129017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent GIANNETTO, ANDREA DO NOT WRITE 101 GRAND PALMS DR. PEMBROKE PINES, FL 33027 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. Signature, typed or printed name of registered agent and title if applicable INGTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOWIN FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GIANNETTO, PHILIP NAME STREET ADDRESS 5065 NW 121 DR. U00000468024 03/24/06-80015-007 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE GIANNETTO, ANDREA NAME 5065 NW 121 DR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 338) E NAME STREET ADDRESS CHY-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 it 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 jun address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06

954-410-8391

Daytime Phone #

FILED