

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90188 024 \*\*\*150.00

|                                                          |  |                                                                                   |
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| <b>DOCUMENT # P04000139977</b>                           |  |  |
| 1. Entity Name<br><b>SABENA TILE &amp; MARBLE, CORP.</b> |  |                                                                                   |

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| Principal Place of Business<br><del>3529 W ATLANTIC BLVD</del><br><del>1006</del><br><del>POMPANO BEACH, FL 33069</del> US | Mailing Address<br><del>3529 W ATLANTIC BLVD</del><br><del>1006</del><br><del>POMPANO BEACH, FL 33069</del> US |
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| 2. Principal Place of Business<br><b>2700 CORAL SPRINGS DR.</b><br>Suite, Apt. #, etc.<br><b>107</b> | 3. Mailing Address<br><b>2700 CORAL SPRINGS DR.</b><br>Suite, Apt. #, etc.<br><b>107</b> |
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01052006 Chg-P CR2E034 (11/05)

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| City & State<br><b>CORAL SPRINGS, FL</b> | City & State<br><b>CORAL SPRINGS, FL</b> |
| Zip<br><b>33065</b>                      | Zip<br><b>33065</b>                      |
| Country<br><b>USA</b>                    | Country<br><b>USA</b>                    |

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-1722047</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><b>MITITELU, ION 2700 CORAL SPRINGS DR, #107</b><br><b>3529 W ATLANTIC BLVD</b><br><b>1006</b><br><b>POMPANO BEACH, FL 33069 33065</b> |  |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
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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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                     | DATE |

|                                                                                     |                                                                                                                        |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>P.O.<br/>MITITELU, ION<br/>3529 W ATLANTIC BLVD #1006<br/>POMPANO BEACH, FL 33069</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>MITITELU, ION<br/>2700 CORAL SPRINGS DR, #107<br/>CORAL SPRINGS, FL 33065</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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. |                                         |
| <b>SIGNATURE:</b> <b>ION MITITELU</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date <b>01-06-06</b><br>Daytime Phone # |