


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90040 017 \*\*\*158.75

<b>DOCUMENT # P05000018946</b>					
<b>1. Entity Name</b> <b>B 1 MARBLE AND TILE CORP.</b>					
<b>Principal Place of Business</b> 11350 SW 42 STREET MIAMI, FL 33165			<b>Mailing Address</b> 11350 SW 42 STREET MIAMI, FL 33165		
<b>2. Principal Place of Business - No P.O. Box #</b> 13404 SW 261 LN		<b>3. Mailing Address</b> 13404 SW 261 LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Homestead, FL		<b>City &amp; State</b> Homestead, FL		<b>4. FEI Number</b> 20-2299342	
<b>Zip</b> 33032 <b>Country</b> US		<b>Zip</b> 33032 <b>Country</b> US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DELGADO GARCIA, ALVARO 11350 SW 42 STREET MIAMI, FL 33165			<b>7. Name and Address of New Registered Agent</b> Name: <u>Alvaro Delgado</u> Street Address (P.O. Box Number is Not Acceptable): <u>5705 W 20TH Ave Apt # 313</u> City: <u>Hialeah</u> <b>FL</b> <b>Zip Code</b> <u>33012</u>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> DELGADO GARCIA, ALVARO 11350 SW 42 STREET MIAMI, FL 33165		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>Alvaro Delgado</u>			<b>8/14/2007 (784) 282 9097</b>		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			<b>Date</b> <b>Daytime Phone #</b>		