


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000090862

1. Entity Name
MIOTTO 2000 TILE & MARBLE WORKS, INC.



Principal Place of Business Mailing Address

926 26TH STREET 926 26TH STREET
WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0879406 Not Applicable

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

6. Name and Address of Current Registered Agent

PETERS, RUTH
926 2TH STREET
WEST PALM BEACH, FL 33407

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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 reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000135057
04/28/04-80045-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETERS, RUTH
STREET ADDRESS	926 26TH STREET
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	ZOLLO, CHRISTOPHER L
STREET ADDRESS	926 26TH STREET
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	ANDERSON, DAVID T
STREET ADDRESS	926 26TH STREET
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David T. Anderson Sec/Treas 04/26/04 561-832-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #