


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000090862
 1. Entity Name
 MIOTTO 2000 TILE & MARBLE WORKS, INC.



Principal Place of Business 926 26TH STREET WEST PALM BEACH, FL 33407	Mailing Address 926 26TH STREET WEST PALM BEACH, FL 33407
---	---

DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0879406	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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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	

U00000321311
 04/21/05-80072-025 150.00

DO NOT WRITE 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)(i), 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:  4/18/05 861.832.5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #