


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000090862</b> 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
---	---



03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0879406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	

DO NOT WRITE IN THIS SPACE

000000537204  
 05/03/06-80008-023 150.00

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.

SIGNATURE: David Anderson **DAVID ANDERSON Sec/ness** 4/24/06 56183255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #