


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 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**



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0879406 Applied For  
 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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	

**DO NOT WRITE IN THIS SPACE**

U00000732335  
 05/09/07-80042-002 150.00

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 T. Anderson **DAVID T. ANDERSON** Sec/Treas 14/23/07 561-832-1511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #