Current Mai	iling Address:			
4323 BLUE				
MELBOURN	IE, FL 32901 US			
FEI Number: 27-3534375			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
4323 BLUE LAI	NELLA DE LOS ANGELES KE DR			
5 MELBOURNE,	FL 32901 US			
	d entity submits this statement for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Fl	
	d entity submits this statement for the purpose of changing E:	its registered office or regis	tered agent, or both, in the State of Fl	orida. 02/17/2024
		its registered office or regis	tered agent, or both, in the State of Fl	
	E: MARINELLA GOMEZ Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Fl	02/17/2024
SIGNATURE	E: MARINELLA GOMEZ Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Fl	02/17/2024
SIGNATURE Officer/Dire	E: MARINELLA GOMEZ Electronic Signature of Registered Agent ctor Detail : P, D GOMEZ, MARINELLA DE LOS			02/17/2024 Date
SIGNATURE Officer/Dire Title Name	E: MARINELLA GOMEZ Electronic Signature of Registered Agent ctor Detail : P, D GOMEZ, MARINELLA DE LOS ANGELES	Title	VP	02/17/2024 Date
SIGNATURE Officer/Dire Title Name Address	E: MARINELLA GOMEZ Electronic Signature of Registered Agent Ctor Detail : P, D GOMEZ, MARINELLA DE LOS ANGELES 4323 BLUE LAKE DR	Title Name	VP OLIVEIRAS, EDEVALDO DE S 4323 BLUE LAKE DR	02/17/2024 Date
SIGNATURE Officer/Dire Title Name	E: MARINELLA GOMEZ Electronic Signature of Registered Agent Ctor Detail : P, D GOMEZ, MARINELLA DE LOS ANGELES 4323 BLUE LAKE DR	Title Name Address	VP OLIVEIRAS, EDEVALDO DE S 4323 BLUE LAKE DR	02/17/2024 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARINELLA GOMEZ

Electronic Signature of Signing Officer/Director Detail

OWNER

02/17/2024 Date

## FILED Feb 17, 2024 Secretary of State 4537522047CC

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000077745

Entity Name: OLIVEIRA'S TILE & MARBLE, INC.

## **Current Principal Place of Business:**

4323 BLUE LAKE DR MELBOURNE, FL 32901