2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 24, 2006 08:00 AM DOCUMENT # G85795 **Secretary of State** 1. Entity Name ORLANDO TILE AND MARBLE, INC. Principal Place of Business Mailing Address 4572 PALMETTO AVE 4572 PALMETTO AVE STE 551 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2061379 Not Applicat Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VINAS, ISRAEL ABDIAS Street Address (P.O. Box Number is Not Acceptable) 4572 PALMETTO AVE STE 551 WINTER PARK FL 32792 City Zip Cade 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 Signature, typed or printed name of registered agent and title if explicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Detote HHLE Change Antina Control TITLE U00000446475 NAME VINAS, ISRAEL ABDIAS NAME 03/08/06-80016-002 150.00 STREET ACCRESS STREET ACCRESS 4572 PALMETTO DR WINTER PARK FL 32792 CITY-ST-ZIP CHY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CATY-ST-ZIP CITY-ST-ZIP ateleg DD) F ☐ Change ☐ Addi€en NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition 33133 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: