2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2007 08:00 AM DOCUMENT # G85795 Secretary of State 1. Entity Name ORLANDO TILE AND MARBLE, INC. Mailing Address Principal Place of Business 4572 PALMETTO AVE 4572 PALMETTO AVE STE 551 WINTER PARK FL 32792 STE 551 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2061379 Not Applicable Zip Country Country \$8.75 Additional 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 Code 8. The above named ontity 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 Springer, year or protect name of registered agent and title in applicable (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, 2007 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 ☐ Addition IIILE ☐ Delete THLE ☐ Change VINAS, ISRAEL ABDIAS NAME U00000616084 02/07/07-80014-005 150.00 4572 PALMETTO DR STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-71P CITY-ST-ZIP ☐ Change Addition IIIU ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Addition Change TITLE ☐ Delete MU NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition ШL NAME NAM STREET ADDRESS STRIFT ADDRESS CITY ST ZIP CITY-ST-ZIP Addition IIILE ☐ Delele 11111 Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-7IP 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 eath; that I am an officer or director of the corporation or the receivered 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.

Israel A. Vinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/30/2007

Date

407-678-1360

Davrime Phone #

FILED