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**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90401 007 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # L30324**

1. Entity Name  
**COAST TO COAST MARBLE AND TILE, INC.**

Principal Place of Business  
**4968 NW 111 TERRACE  
CORAL SPRINGS, FL 33076 US**

Mailing Address  
**4968 NW 111 TERRACE  
CORAL SPRINGS, FL 33076 US**

14013594

**DO NOT WRITE IN THIS SPACE**

04282005 No Chg-P CP2E034 (10/03)

4. FEI Number **65-0165457** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JASON  
4968 NW 111 TERRACE  
CORAL SPRINGS, FL 33076**

**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

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

(NOTE: Registered agent signature required when requesting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
MILLER, JASON  
4968 NW 111 TERRACE  
POMERO BEACH, FL 33076**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
DZEKIAN, GREG  
11856 BAYBERRY ST  
ROYAL PALM BEACH, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 lists empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

04/30/2005

DATE

DAYTIME PHONE