

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90056 044 \*\*\*150.00

**66407435**



MOORE CR2E034 (11/03)

<b>DOCUMENT # M59429</b> 1. Entity Name <b>AMERICAN TILE &amp; MARBLE CORP.</b>																							
Principal Place of Business <b>2789 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>			Mailing Address <b>2789 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>																				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																					
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0033858</b> Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ESCALADA, ALFREDO 149 MARTIN CIRCLE ROYAL PALM BEACH FL 33411</b>																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ESCALADA, ALFREDO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>164 SARATOGA BLVD WEST ROYAL PALM BCH FL 33411</td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	ESCALADA, ALFREDO	<input type="checkbox"/>	CITY-ST-ZIP	164 SARATOGA BLVD WEST ROYAL PALM BCH FL 33411		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change      Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/>      <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change      Addition	STREET ADDRESS		<input type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																							
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #																							