2003 UNIFORM BUSINESS REPORT (UBR) May 01, 2003 8:00 am Secretary of State *DOCUMENT# P00000019420 1. Entity Name 05-01-2003 90811 038 ***150.00 FERRO MARBLE & TILE CORPORATION Mailing Address Principal Place of Business 10095563 234 NORTH FEDERAL HIGHWAY 234 NORTH FEDERAL HIGHWAY **DANIA BEACH FL 33004** DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address 4971 ATAMAN STREET **4971 ATAMAN STREET** Suite Apt.#, etc. Suite. Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & Stale Applied For 4. FEI Number BOCA RATON, FL **BOCA RATON, FL** 65-0981819 Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired П 33428 USA USA Fee Required 33428 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRO, EDUARDO ARAUJO FERRO, EDUARDO ARAUJO Street Address (P.0. Box Number is Not Acceptable) 2607 NW 33RD STREET STE 2113 **4971 ATAMAN STREET** OAKLAND PARK FL 33309 Zip Code Fl **BOCA RATON** 33428 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. 04/29/03 (NOTE:Registere Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD Delete TITLE ___ Addition TITLE FERRO, PEDRO C NAME NAME 3428 ORINOCO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33004 CITY- ST- ZIP Delete ۷P Change Addition THIE TITLE FERRO, EDUARDO A NAME NAME STREET ADDRESS STREET ACCRESS **4971 ATAMAN STREET** CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33004** Delete Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY, ST. 7/P CITY-ST-Z#P Delete Change Addition TITLE TITLE

13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

STREET AGDRESS

CITY- ST- ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

RITLE

MAME

Delete

Delete

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

04/29/03

Addition

Addition