

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 19, 2008  
Secretary of State**

DOCUMENT# P00000094726

Entity Name: ESG TILES & MARBLE EXPERT, INC.

**Current Principal Place of Business:**

3394 WEST 74 STREET  
HIALEAH, FL 33018

**New Principal Place of Business:**

669 WEST 27 STREET  
HIALEAH, FL 33010

**Current Mailing Address:**

P.O. BOX 126367  
HIALEAH, FL 33012

**New Mailing Address:**

P.O. BOX 126667  
HIALEAH, FL 33012

FEI Number: 65-1048281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, SARA  
3394 W 74TH ST  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, SARA  
Address: 3394 W 74 ST.  
City-St-Zip: HIALEAH, FL 33018

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T/ ( ) Change (X) Addition  
Name: GONZALEZ, EDWIN  
Address: 3394 W 74 SREET  
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA GONZALEZ

P/D

03/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date