2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90460 044 ***150.00

DOCUMENT # P01000020545

1. Entity Name
BREVARD TILE AND MARBLE INC.

Principal Place of Business
4680 BYRON ST TT ISLAND CSWY
COCOA, FL 32927

Mailing Address
4680 BYRON ST TT ISLAND CSWY
COCOA, FL 32927
c/o Lopez Acctg.

2. Principal Place of Business
1037 Illinois Rd.
Suite, Apt. #, etc.

3. Mailing Address
1807 W. 49 St
Suite, Apt. #, etc.
221

04282004 Chg-P CR2E034 (10/03)

City & State
Cocoa, Fl.

City & State
Hialeah, Fl.

4. FEI Number
59-3700190
Applied For
Not Applicable

Zip 32927 Country

Zip 33012 Country USA

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

6. Name and Address of Current Registered Agent

BLANCO, JUAN C
4680 BYRON ST
COCOA, FL 32927

7. Name and Address of New Registered Agent

Name JUAN C. BLANCO.
Street Address (P.O. Box Number is Not Acceptable)
1037 ILLINOIS Rd.
City Cocoa FL Zip Code 32927

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 Juan C. Blanco 4-29-04
Signature and printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when applicable. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $250.00

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

10. OFFICERS AND DIRECTORS

TITLE PD NAME BLANCO, JUAN C STREET ADDRESS 4680 BYRON ST CITY-ST-ZIP COCOA, FL 32927	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD NAME Blanco, Juan C STREET ADDRESS 1037 Illinois Rd. CITY-ST-ZIP Cocoa, Fl. 32927	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 this 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.

SIGNATURE: Juan C. Blanco, Pres. 4/29/04 (321) 636-5953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #