

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90158 021 ***150.00

DOCUMENT # P01000020545					
1. Entity Name BREVARD TILE AND MARBLE INC.					
Principal Place of Business 1037 ILLINOIS ROAD COCOA, FL 32927			Mailing Address C/O LOPEZ ACCOUNTING 1800 W. 40 STREET #201 HIALEAH, FL 33012 US		
2. Principal Place of Business 6433 FLORA VISTA PL.		3. Mailing Address 6433 FLORA VISTA PL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCOA FL.		City & State COCOA FL.		4. FEI Number 59-3700190	
Zip 32997		Country BRAVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, JUAN C 1037 ILLINOIS ROAD COCOA, FL 32927			7. Name and Address of New Registered Agent Name: JUAN C. BLANCO Street Address (P.O. Box Number is Not Acceptable): 6433 FLORA VISTA PL. City: COCOA FL Zip Code: 32997		
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: DATE: _____					
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, JUAN C 480 BYRON ST. COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARAMBULA, JESUS ADRIAN 610 LINDSAY AVE. COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARANDA, HECTOR 1514 CLEAR LAKE RD. COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 addendum with all other like empowered.					
SIGNATURE: JUAN C. BLANCO 4-7-05 321-636-7913 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					