

**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. 48 STREET, #201
HIALEAH, FL 33012 US



2. Principal Place of Business

6433 Flora Vista Pl.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCOA FL

City & State
COCOA FL

Zip 32997

Zip 32997

Country BREVARD

Country BREVARD

04072005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCO, JUAN C
1037 ILLINOIS ROAD
COCOA, FL 32927

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 480 BYRON ST.
CITY-ST-ZIP COCOA, FL 32927

Delete

TITLE SD
NAME ARAMBULA, JESUS ADRIAN
STREET ADDRESS 610 LINDSAY AVE.
CITY-ST-ZIP COCOA, FL 32927

Delete

TITLE TD
NAME ARANDA, HECTOR
STREET ADDRESS 1514 CLEAR LAKE RD.
CITY-ST-ZIP COCOA, FL 32922

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 11

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 the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN C. BLANCO 4-7-05 321-636-1500