


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-15-2004 90001 027 \*\*\*150.00

**DOCUMENT # P01000020815**

1. Entity Name  
**FREDDY MARBLE, TILES & FLOOR RESTORATION CORP.**



Principal Place of Business  
**16701 NE 21ST AVE  
 APT. 202  
 NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**16701 NE 21ST AVE  
 APT. 202  
 NORTH MIAMI BEACH, FL 33162**

**34072924**



2. Principal Place of Business  
**SAME**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

08272004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-1081363**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**CASTILLO, FREDDY ORLANDO  
 16701 NE 21 AVE.  
 APT. 202  
 NORTH MIAMI BEACH, FL 33162**

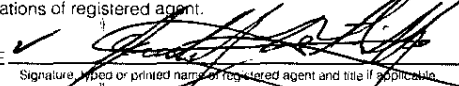
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **09-10-04**  
 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  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CASTILLO, FREDDY ORLANDO<br/>16701 NE 21 AVE. 202<br/>NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>HERNANDEZ, ARLGN O<br/>800 N MIAMI AVE #E 1502<br/>MIAMI, FL 33136</b> <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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 address, with all other like empowered.

SIGNATURE:  **9-10-04 (305) 807-5134**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 27, 2004

FREDDY MARBLE, TILES & FLOOR RESTORATION CORP.  
16701 NE 21ST AVE  
APT. 202  
NORTH MIAMI BEACH, FL 33162

SUBJECT: FREDDY MARBLE, TILES & FLOOR RESTORATION CORP.  
Ref. Number: P01000020815

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have additional questions or need further assistance, please call (850) 245-6059.

Division of Corporations

Letter Number: 904A00052326