2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # P01000023191 1. Entity Name 04-22-2005 90312 024 ***150.00 STONEWALL TILE AND MARBLE, INC. Principal Place of Business 🕓 Mailing Address 2555 PGA BLVD 2555 PGA BLVD 50042875 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 4325 Bellewood st 4325 /3c//cwood st Suite, Apt. #, etc CR2E034 (10/04) 1st MOORE City & State Applied For 4. FEI Number 65-1081452 Not Applicable Zip 53410 Country Country \$8.75 Additional 5. Certificate of Status Desired Palmi Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAPUIS, PIERRE C Street Address (P.O. Box Number is Not Acceptable) 2555 PGA BLVD **LOT 88** PALM BEACH GARDENS FL 33410 City 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Delete PHAPUS PIERRE C 4325 BELLEWOOD ST NAME CHAPUIS, PIERRE C NAME 2555 PGA BLVD (LOT 88) STREET ADDRESS STREET ADDRESS PAKIM Beach GARDENS, FL. 33410 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete TITEE Addition CHAPÚIS, LAURENT NAME 620 S. D'ST. STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CHTY-ST-7IP LITEF_ Delate JULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME ., NAME **STREET ADDRESS** STREET ADDRESS CITY: ST-7(P CITY-ST-ZIP 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 authors, with all other like empowered.

FILED