


FILED
Jun 30, 2005 8:00 am
Secretary of State

06-01-2005 90018 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000027984					
1. Entity Name DECO & PRECISION MARBLE & TILE, INC.					
Principal Place of Business 7788 WEST 2ND COURT HIALEAH, FL 33014			Mailing Address 7788 WEST 2ND COURT HIALEAH, FL 33014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1085889	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OLIVA, RAMON 7788 WEST 2ND COURT HIALEAH, FL 33014				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, RAMON		NAME		
STREET ADDRESS	422 EAST 37TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 330132738		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, ALEXIS		NAME		
STREET ADDRESS	422 EAST 37TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 330132738		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 address, with all other like empowered.					
SIGNATURE: <i>Ramon Oliva</i>			Date: 5/06/05 (305) 362-9139		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66023990



05062005 Chg-P CR2E034 (10/03)