2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P01000091075 1. Entity Name 04-28-2004 90315 001 *****8.75 PAL MARBLE AND TILE, INC. 04-28-2004 90315 002 ***150.00 04-28-2004 90315 003 *****5.00 Principal Place of Business Mailing Address 16710 NE 9 AVENUE STE. 309 SOUTH NORTH MIAMI BEACH FL 33162 16710 NE 9 AVENUE STE. 309 SOUTH UTUUTEUU NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address P.O.BOX 160 955 Holech Fl. 33 016 P.O. BOX 160955 Hialeah Fl, 33016 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Gity & State City & State 4. FEI Number Applied For wci0s 65-1141782 Not Applicable Country $3^{\frac{Z_0}{2}}$ O(6 \$8.75 Additional '5." Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, JOSE A Address (P.O. Box Number is Not Acceptable) 16710 NE 9 AVENUE STE, 309 SOUTH NORTH MIAMI BEACH FL 33162 33010 City lorion 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 JS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 风 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ 🥍 ROORIGUEZ, Jose A. TIIE 13 street Highery, Fl. 33010 RODRIGUEZ, JOSE A NAME STREET ADDRESS 16710 NE 9 AVENUE STE. 309 SOUTH STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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.

FILED