## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000091554

Title:

Name:

Address:

City-St-Zip:

FILED Apr 19, 2004 Secretary of State

Entity Nam	ne: FLORIDA'	S FINEST TILE & MARBLE, II	NC.	<b>,</b>		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8401 POYE TAMPA, FL	RAS LANE 33635					
Current Mailing Address:			New Maili	New Mailing Address:		
8401 POYE TAMPA, FL	RAS LANE 33635					
FEI Number:	59-3746070	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
DOSAL, AL 8401 POYD TAMPA, FL	RAS LANE					
The above in the State		submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both	,	
SIGNATUR					_	
Election Cam		ic Signature of Registered Age   Trust Fund Contribution ( ).	ent	Date		
	AND DIRECT	. ,	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	PD () DOSAL, ALLEN 8401 POYDRAS TAMPA, FL 336	SLANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () DOSAL, ALLEN 8401 POYDRAS TAMPA, FL 336	LANE	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition DOSAL, ALLEN SR 31701 SHIN CT. WESLEY CHAPEL, FL 33544		
Title: Name: Address:	SD () DOSAL, JOANN, 19723 MORDEN		Title: Name: Address:	SD (X) Change ( ) Addition DOSAL, JOANNA 31701 SHIN CT.		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALLEN R. DOSAL JR. PD 04/19/2004

() Delete

DOSAL, ENITH

8401 POYDRAS LANE

TAMPA, FL 33635

() Change () Addition