

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000116009

1. Entity Name
ITALIAN TOUCH TILE & MARBLE, INC.



Principal Place of Business
10010 VINEYARD LANE
PORT RICHEY, FL 34668

Mailing Address
10010 VINEYARD LANE
PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90321 010 ***150.00

14000587



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3373616	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORAZZA, PAUL
10010 VINEYARD LANE
PORT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

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

Paul Corazza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CORAZZA, PAUL
STREET ADDRESS 10010 VINEYARD LANE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Paul Corazza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRES
PAUL CORAZZA 4-22-05

Date

Daytime Phone #