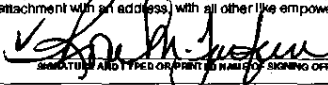


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000005499																																			
1. Entity Name FARFAN TILES & MARBLES, INC.																																			
Principal Place of Business 28741 SW 164TH AVE HOMESTEAD, FL 33030			Mailing Address 28741 SW 164TH AVE HOMESTEAD, FL 33030																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																
City & State			City & State																																
Zip		Country		Zip																															
6. Name and Address of Current Registered Agent FARFAN, ROSA 28741 SW 164TH AVE HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when submitting) DATE _____																																			
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																															
<table border="1"><tr><td>TITLE</td><td>PD</td><td>NAME</td><td>FARFAN, NICOLAS</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td colspan="3">28741 SW 164TH AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td colspan="3">HOMESTEAD, FL 33030</td><td></td></tr></table>				TITLE	PD	NAME	FARFAN, NICOLAS	☐ Delete	STREET ADDRESS	28741 SW 164TH AVE				CITY-ST-ZIP	HOMESTEAD, FL 33030				<table border="1"><tr><td>TITLE</td><td></td><td>NAME</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td colspan="3"></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td colspan="3"></td><td></td></tr></table>		TITLE		NAME		☐ Change ☐ Addition	STREET ADDRESS					CITY-ST-ZIP				
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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 807, 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: 				Date: 4/28/03 305-247-4906																															

11034657



☐ CHECK HERE IF MAKING CHANGES

FEE Number **02-0535090** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

FL Zip Code

CR2034 (10/02)