


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

2003PA1012

DOCUMENT # P02000010894	
1. Entity Name <b>BREDER TILE &amp; MARBLE, CORP.</b>	

FILED

04 MAY 13 PM 3:00

SECRETARY 24070703  
TALLAHASSEE, FLORIDA

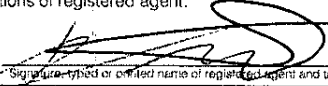
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3440 NE 10TH TERRACE</b>	3. Mailing Address <b>3440 NE 10TH TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>POMPANO BEACH, FL</b>	City & State <b>POMPANO BEACH, FL</b>
Zip <b>33064</b>	Country <b>USA</b>

05/05/04 90195 042 1500  
DO NOT WRITE IN THIS SPACE


4. FEI Number <b>37-1418883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <b>FERNANDO BREDER</b>	
Street Address (P.O.-Box Number is Not Acceptable)	
<b>3440 NE 10TH TERRACE</b>	
City <b>POMPANO BEACH</b>	FL Zip Code <b>33064</b>

**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 	DATE <b>4/12/2004</b>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR FERNANDO BREDER 3440 NE 10TH TERRACE POMPANO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800037387238 05/27/04--01087--002 **150.00</b>
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/12/2004** DAYTIME PHONE # **(754) 2040096**

CR2E034B (12/02)

Payerak

RE: BREDER TILE & MARBLE, CORP.

P02000010894

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE  
THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICE. PLEASE UPDATE  
YOUR RECORDS BECAUSE I HAVE CHANGED MY ADDRESS. THANK YOU.

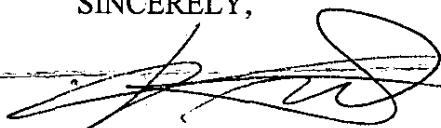
MY OLD ADDRESS:

4735 NW 4<sup>TH</sup> TERRACE  
POMPANO BEACH, FL 33064

MY NEW ADDRESS:

3440 NE 10<sup>TH</sup> TERRACE  
POMPANO BEACH, FL 33064

SINCERELY,



FERNANDO BREDER