2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # P02000013210 1. Entity Name VASSELL TILE & MARBLE, INC. Principal Place of Business Mailing Address 7315 NW 53RD ST. LAUDERHILL FL 33319 7315 NW 53RD ST. LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 90-0003818 Not Applicable Zip Country \$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 Name VASSELL, HERBERT Street Address (P.O. Box Number is Not Acceptable) 7315 NW 53RD ST. LAUDERHILL FL 33319 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 reinstating) STAG FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Added to Fees Make Check Payable to Florida Department of State ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. HHE ☐ Delete TITLE Addition Change NAME VASSELL, HERBERT NAME STREET ADDRESS 7315 NW 53RD ST. U00000232025 STREET ADDRESS 02/16/05-80049-025 150.00 CITY-ST-ZIP LAUDERHILL FL 33319 CHTY-ST-ZIP THILE Defete Change THLE ☐ Addition NAME VASSELL, SIMONE FORBES-NAME 7315 NW 53RD ST. STREET ADDRESS STREELADORESS CITY-ST-ZIP LAUDERHILL FL 33319 CHY-ST-ZIP ☐ Delete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change TITLE ☐ Defele Trice ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-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 affactment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATUBE:

2-1-05

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