
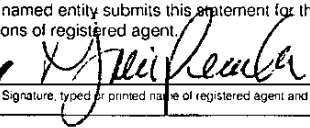
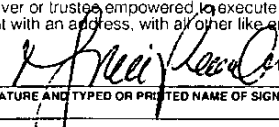


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000019479			
1. Entity Name NEW CREATION TILE AND MARBLE INC.			
Principal Place of Business 2990 SW 17 STREET MIAMI, FL 33145		Mailing Address 2990 SW 17 STREET MIAMI, FL 33145	
2. Principal Place of Business 7701 NW 103 Street		3. Mailing Address 7701 NW 103 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, FL	
Zip 33016	Country	Zip 33016	Country
4. FEI Number 61-1444739		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERAS, PEDRO M 2990 SW 17 STREET MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Dayneri Pereda Street Address (P.O. Box Number is Not Acceptable) 7701 NW 103 Street City Hialeah Gardens FL Zip Code 33016	
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: 5/10/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
5 FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERAS, PEDRO M 2990 SW 17 STREET MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dayneri Pereda 7701 NW 103 Street Hialeah Gardens, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TINTOCO, EDWIN 2990 SW 17 STREET MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400054559134 05/17/05--01030--012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 5/10/05 Daytime Phone #: 305-819-1900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			