2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # P02000025497 1. Entity Name KING TILE & MARBLE, CORP.						02-13-2006 90041 035 ***150.00				
Principal Place of Business Mailing Address						,	÷			
2736 WASHINGTON ST.			2736 WASHINGTON ST.			_				
HOLLYWOOD, FL 33020			HOLLYWOOD, FL 33020							
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2. Principal P	3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01272006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Number 04-3617			_ 	plied For t Applicable
Zip Country			Zip Country		itry	5. Certificate of	of Status Desired		3.75 Add	
6. Name and Address of Curren		an of Current Pr	Registered Agent		1			Fe	e Required	j
	o, Name and Addre	ss of Current No	gistered Agent	7. Name and Address of New Registered Agent Name						
MARQUES, ROBERT B										
2736 WASHINGTON ST.					Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD, FL 33020						·				
					City				Zip Code	
								FL_		
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. Robert Mangers 2/08/06										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.										
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND D	IRECTORS	S IN 11
TITLE	PVST		☐ Delete TITLE		E	<u></u>			Change	Addition
NAME	MARQUES, ROBEI			NAM	-					
STREET ADDRESS 2736 WASHINGTON ST. CITY-ST-ZIP HOLLYWOOD, FL 33020					ET ADDRESS -ST-ZIP					
<u> </u>	D D	[7,			 -		 ,		CT Addition	
TITLE NAME	MARQUES, ROBE	RT B	L_i Delete	Delete TITLE				L	Change	Addition
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CITY-ST-ZIP	ST-ZIP HOLLYWOOD, FL 33020				-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			Delete	TITL					Change	☐ Addition
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STREET ADDRESS				STRI	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITL	l l				Change	Addition
NAME Street Address				NAM erro	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE	 		Delete	TITL			· · · · · · · · · · · · · · · · ·	Г	7 Change	☐ Addition
NAME			OCKIL	NAM						
STREET ADDRESS					EET AODRESS					
CITY-ST-ZIP	L				-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 607 on an attachment with an address, with afforther like empowered.										