## 2904 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000047383

Entity Name
 OVIEDO TILE & MARBLE, CORP.

.... Mailing Address

DO NOT WRITE IN THIS SPACE

3699 WEST 12TH AVENUE #68 HIALEAH, FL 33012-4911

Principal Place of Business

3699 WEST 12TH AVENUE #68 HIALEAH, FL 33012-4911

## FILED Mar 31, 2004 08:00 AM Secretary of State



03242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 75-3051698 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

OVIEDO, ALVARO JOSE 3699 WEST 12TH AVENUE #68 HIALEAH, FL 33012-4911

## DO NOT WRITE IN THIS SPACE

8. The above names 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, speck changled name of registered agent and title it applicable  (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000099684 03/31/04-80015-016 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVT OVIEDO, ALVARO JOSE 3699 WEST 12TH AVENUE #68 HIALEAH, FL 330124911	TORS			
TIFLE NAME STREET ADDRESS CRY-ST-ZIP		_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
12. I hereby certify that the information subplied 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 poort 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 flust a sempowered 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 additional statutes.					

BR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR