


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90021 048 ***150.00

DOCUMENT # P02000066749		
1. Entity Name D & D TILE AND MARBLE DESIGN, INC.		

Principal Place of Business 129 EAST 11 STREET HIALEAH, FL 33010	Mailing Address 129 EAST 11 STREET HIALEAH, FL 33010
--	--

50055152

2. Principal Place of Business 1382 SE 9 COURT	3. Mailing Address 1382 SE 9 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07052005 Chg-P CR2E034 (10/03)

City & State Hialeah FL	City & State Hialeah FL	4. FEI Number 38-3650905	Applied For Not Applicable
Zip 33010	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OBANDO, DONALD D 129 EAST 11 STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Donald D. Obando Street Address (P.O. Box Number is Not Acceptable) City FL 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 Donald Obando DATE 7/1/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P OBANDO, DONALD D 129 EAST 11 ST HIALEAH, FL 33010 <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	V OBANDO, DONALD S 129 EAST 11 ST HIALEAH, FL 33010 <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
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
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: Donald Obando DATE 7/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50055752

AFFIDAVIT WITH JURAT

Date: July 1st, 2005

RE: DOCUMENT # P02000066749

**State of Florida
County of Miami-Dade**

The purpose of this letter is to acknowledge that I, Donald D Obando, resident of 129 E 11 Street Hialeah, FL 33010, President of D & D Tile and Marble Design, Inc. and properly identified declare under oath declare that:

I mailed the Uniform Business Report with a check for \$150.00 which never cleared my bank. For this reason I ask that you accept a duplicate check in the amount of \$150.00. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.

X Donald Obando
Affiant's Signature

Janet Vasallo NOTARY PUBLIC

