2007 FOR PROFIT CORPORATION

FILED Apr 06, 2007 8:00 am Secretary of State

2007	FUR PRUFII CURPURATIO	N
	ANNUAL REPORT	

	ANNUAL	KEPUKI	Secretary or State							
1. Entity Nam		A	04-06-200	7 90049 040 ***1	50.00					
D & D TILE AND MARBLE DESIGN, INC.										
Principal Plac	e of Business	Mailing Address	I	4,00	0 20 10 0					
129 E 11 ST		129 E 11 ST								
HIALEAH, FL		HIALEAH, FL 33010		·						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	7 ST	!	EIIO IIOH OOHI EOIN OO		 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	04022007	Chg-P	CR2E034 (12/06)				
City & State	e	City & State		4. FEI Number		Ap	plied For			
++1a	lean, rl	Halean,	Country	38-3650	905		t Applicable			
<u> 330</u>	10 USA_	33010	US A		f Status Desired	□ \$8.75 Add Fee Require				
	6. Name and Address of Current F	Registered Agent	Name Ni	7. Name and Address of New Registered Agent						
790 W 7 S			06	Street Address (P.O. Box Number is Not Acceptable) Normal Description (P.O. Box Number is Not Acceptable)						
HIALEAH,	FL 33010	790	790 F 7 ST							
	£0, €		City	<u> </u>	 _	FL Zip Cod	3717			
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or regist	ered agent, or both	in the State of Flo	orida. I am familiar with,	and accept			
	On ald alach					42107				
SIGNATURE	Signature typed or printed name of registered agent a	nd title if applicable. (NOTE: Rej	gislered Agent signature requi	red when reinstating)		D/TE				
FILE NOWILL FEE IS \$150.00 After May 1,:2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
	The first of the second									
10.	P OFFICERS AND I		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS				
NAME	OBANDO, DONALD D	Delete	TITLE NAME			☐ Change	☐ Addition			
STREET ADDRESS	790 É 7 STREET		STREET ADDRESS							
CITY-\$1-ZIP	HIALEÁH, FL 33010		CITY-ST-ZIP							
TITLE	V	☐ Delete	TITLE			☐ Change	☐ Addition			
NAME	OBANSO, DONALD D		NAME							
STREET ADDRESS	380 NE 3 PL		STREET ADDRESS							
CITY-ST-ZIP	HIALEAH, FL 33010		CHY-S1-ZIP							
TITLE :		Delete	TITLE NAME			☐ Change	Addition			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
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NAME			NAME			_ •	_			
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NAME		□ belate	NAME			C Strange				
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP				}			
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME			NAME							
STREET ADDRESS			STREET ADORESS							
CiTY-ST-ZIP	positive that the information of the first	this files described	CITY-ST-ZIP	-11-01	E 11 0: :	V 10 10 10 10 10 10 10 10 10 10 10 10 10				
12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.										
-	121	Λ		$ \mathbf{n} $	100 1	1001/2001	ccal			
SIGNATURE: Joseph Company Signature And Types on Printed Name of Signing Officer or Director Date Daytime Proper #										