## 2005 FOR PROFIT CORPORATION

ANNUAL REPORT					Feb 09, 2005 08:00 AN		
DOCUMENT # P02000074222					{	Secr	etary of State
1. Entity Nan	ne						U
GRIREZ	TILES & MARBLES INC	<b>C</b> .					
Principal Plac	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			
230 NE 51	STREET	230 NE 51 STR	REET	i	ı		
#1 Miami, FL 3	2127	#1 Miami, Fl 331	דים		:		
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					01232005	No Chg-P	CR2E034 (10/03)
	O NOT WRI	TE IN THIS	S SPA	CE	4. FEI Numbe		Applied For
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	The second second				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Cu	irrent Registered Agent		r Comment			
GRIGGIO 230 NE 51		•		· · · · · · · · · · · · · · · · · · ·	DO	NOT W	RITE
#1   MIAMI, FL	33137		•	1, 10	IN 7	THIS SF	ACE
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8. The above	e named entity subplits this statentions of registered agent.	nent for the purpose of char	nging its register	ed office or register	ed agent, or bot	n, in the State of Flo	orida. I am familiar with, and accept
	Y Muen/	111/	PA	45100mg		,	01-29-01
SIGNATURE.	Signature, typed or printed name of registers	special and pile if applicable.		d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees							
10.	OFFICERS	AND DIRECTORS	: 1		2.2		<del></del>
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NAME Street address	GRIGGIO, JUAN C 230 NE 51 STREET	2/41		•			
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12.   hereby	certify that the information supplie	ed with this filling does not a	ualify for the exe	mption stated in Se	ction 119.07(3)(i	), Florida Statules.	further certify that the information
12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or sustee empty erector by social this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 d changed, or on an attachment with a defress was all outstances.							
SIGNATURE: 101-19-01							
UIUITAI	SIGNATURE AND TYP	ED ON PRINTED NAME OF SIGNING	OFFICER OR DIRECT	OR		Date	Daytime Phone if