

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 042 ***150.00

DOCUMENT # P02000074222					
1. Entity Name GRIREZ TILES & MARBLES INC.					
Principal Place of Business 230 NE 51 STREET #1 MIAMI, FL 33137			Mailing Address 230 NE 51 STREET #1 MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # 938 NW 58th TERR		3. Mailing Address 938 NW 58th TERR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI- FLORIDA		4. FEI Number 02-0630022	
Zip 33127		Country DADC		Applied For Not Applicable	
Zip 33127		Country DADC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIGGIO, JUAN C 230 NE 51 STREET #1 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name: GRIGGIO JUAN C Street Address (P.O. Box Number is Not Acceptable): 938 NW 58th TERR City: MIAMI FL Zip Code: 33127		
8. The above named entity submits the 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: DATE: 07/14/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GRIGGIO, JUAN C 230 NE 51 STREET MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GRIGGIO, JUAN C 938 NW 58th TERR MIAMI- FL 33127	<input checked="" 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 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 or without other like empowered.					
SIGNATURE:			DATE: 07/14/07		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		