

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092738

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: ITALIAN TILE & MARBLE OF NAPLES, INC.

## Current Principal Place of Business:

4240 HAWAII BLVD.  
NAPLES, FL 34112

## New Principal Place of Business:

2303 QUEENS WAY  
NAPLES, FL 34112

## Current Mailing Address:

4240 HAWAII BLVD.  
NAPLES, FL 34112

## New Mailing Address:

2303 QUEENS WAY  
NAPLES, FL 34112

FEI Number: 30-0104737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAFENCU, COSTINEL C  
4240 HAWAII BLVD.  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

GAFENCU, COSTINEL C  
2303 QUEENS WAY  
NAPLES, FL 34112 US

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.

SIGNATURE: CORNELIU GAFENCU

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GAFENCU, COSTINEL C  
Address: 4240 HAWAII BLVD.  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: GAFENCU, IONEL  
Address: 4240 HAWAII BLVD.  
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete  
Name: GAFENCU, VASILE  
Address: 4240 HAWAII BLVD.  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GAFENCU, COSTINEL C  
Address: 2303 QUEENS WAY  
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition  
Name: GAFENCU, IONEL  
Address: 4240 HAWAII BLVD.  
City-St-Zip: NAPLES, FL 34112

Title: VD (X) Change ( ) Addition  
Name: GAFENCU, VASILE  
Address: 44 TH ST SW  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIU GAFENCU

DR

04/28/2007

Electronic Signature of Signing Officer or Director

Date