

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/31

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-03-2004 90744 036 ***158.75

DOCUMENT # P02000095844
1. Entry Name
BOFFIL TILE & MARBLE, INC.

DO NOT WRITE IN THIS SPACE

66427642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5166 CANNON WY 3. Mailing Address 5166 CANNON WY
Suite, Apt. #, etc. Suite, Apt. #, etc.

City, State West Palm Beach FL City, State West Palm Beach FL
Zip 33415 City, State West Palm Beach FL Zip 33415

4. FEI Number 570423694 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Roberto Boffil
Street Address (P.O. Box Number is Not Acceptable):
5166 Cannon Wy
City West Palm Beach FL Zip Code 33415

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) **January 1 - May 1: Fee is \$100.00**
After May 1, Fee is \$150.00
Amended UBR is \$41.25
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Roberto Boffil (P)</u> <u>5166 Cannon Wy</u> <u>West Palm Beach FL 33415</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR200348 (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/27/04 561-264-9275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR