



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90089 042 ***150.00

DOCUMENT # P03000006642 1. Entity Name GARCIA TILE & MARBLE, INC					
Principal Place of Business 489 HIALEAH DRIVE UNIT 10 HIALEAH, FL 33010			Mailing Address 489 HIALEAH DRIVE UNIT 10 HIALEAH, FL 33010		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 69 West 58 TERR Suite, Apt. #, etc.			
City & State Hialeah, FLA		City & State Hialeah, FLA		4. FEI Number 06-1675264	
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, HECTOR 1755 W 60TH ST APT D-102 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name GARCIA, HECTOR Street Address (P.O. Box Number is Not Acceptable) 69 WEST 58 TERR City Hialeah FL Zip Code 33012	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>GARCIA, HECTOR</u> DATE: <u>4-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD GARCIA, HECTOR 1755 W 60TH ST, APT D-102 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, HECTOR 69 WEST 58 TERR HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACHADO, ROSMERY 1755 W 60TH ST, APT D-102 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACHADO ROSMERY 69 WEST 58 TERR HIALEAH, FLA 33012	<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
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>GARCIA, HECTOR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-14-04</u> Daytime Phone #: <u>305-7980847</u>		

04033459

04142004 Chg-P CR2E034 (10/03)