2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # P03000016039 04-21-2005 90237 036 ***150.00 J V MARBLE, TILE & GRANITE, INC. Principal Place of Business Mailing Address 2631 CEDARIDGE CIRCLE 2631 CEDARIDGE CIRCLE موفر المنزلزان تحارها للانتاج المناف المساه CLE, RMONT, FL 34711 CLE/RMONT, FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 CR2E034 (10/03) Chq-P City & State Applied For City & State 4. FEI Number 72-1549999 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLANUEVA, ELSA N Street Address (P.O. Box Number is Not Acceptable) 2631 CEDARIDGE CIRCLE CLE, RMONT, FL 34711 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete ☐ Change ☐ Addition TITLE VILLANUEVA, JOSE NAME NAME STREET ADDRESS 2631 CEDARIDGE CIRCLE STREET ADDRESS CITY - ST - ZIP CLE RMONT, FL 34711 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOPEZ, RAFAEL A NAME NAME STREET ADDRESS 2631 CEDARIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CLE RMONT, FL 34711 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition VILLANUEVA, ELSA N_ _ NAME 2631 CEDARIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLE RMONT, FL 34711 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED