

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000016039

1. Entity Name
J V MARBLE, TILE & GRANITE, INC.



Principal Place of Business
2631 CEDARIDGE CIRCLE
CLEARMONT, FL 34711

Mailing Address

2631 CEDARIDGE CIRCLE
CLEARMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

5035 Palm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah FL

Zip

Zip

33012

Country

USA

6. Name and Address of Current Registered Agent

VILLANUEVA, ELSA N
2631 CEDARIDGE CIRCLE
CLEARMONT, FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/06

**FILE NOW!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME VILLANUEVA, JOSE
STREET ADDRESS 2631 CEDARIDGE CIRCLE
CITY-ST-ZIP CLEARMONT, FL 34711

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME LOPEZ, RAFAEL A
STREET ADDRESS 2631 CEDARIDGE CIRCLE
CITY-ST-ZIP CLEARMONT, FL 34711

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME VILLANUEVA, ELSA N
STREET ADDRESS 2631 CEDARIDGE CIRCLE
CITY-ST-ZIP CLEARMONT, FL 34711

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/06 407-748-0319
Date Daytime Phone #