

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000016039**

1. Entity Name

J V MARBLE, TILE & GRANITE, INC.



Principal Place of Business

2631 CEDARIDGE CIRCLE  
CLEARMONT, FL 34711

Mailing Address

5035 PALM AVE  
HIALEAH, FL 33012



04092007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

72-1549999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILLANUEVA, ELSA N  
2631 CEDARIDGE CIRCLE  
CLEARMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000748525  
05/17/07-80072-002 150.00

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | VILLANUEVA, JOSE      |
| STREET ADDRESS | 2631 CEDARIDGE CIRCLE |
| CITY-ST-ZIP    | CLEARMONT, FL 34711   |
| TITLE          | V                     |
| NAME           | LOPEZ, RAFAEL A       |
| STREET ADDRESS | 2631 CEDARIDGE CIRCLE |
| CITY-ST-ZIP    | CLEARMONT, FL 34711   |
| TITLE          | S                     |
| NAME           | VILLANUEVA, ELSA N    |
| STREET ADDRESS | 2631 CEDARIDGE CIRCLE |
| CITY-ST-ZIP    | CLEARMONT, FL 34711   |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE  
IN THIS SPACE**

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

4/9/07 (407) 748-0319

Date

Daytime Phone #