## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 04, 2004 8:00 am Secretary of State

05-03-2004 91253 016 \*\*\*150.00

## DOCUMENT # P03000023944

CARUS AND SON-TILE AND MARBLE, INC. Principal Place of Business Mailing Address 4395 S.W. 117 AVENUE 66426398\_ 4395 S.W.=117 AVENUE == MIAMI, FL 33175 MIAMI, FL 33175 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E034 (10/03) Chg-P Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARUS, JESUS Street Address (P.O. Box Number is Not Acceptable) 4395 S.W. 117 AVENUE MIAMI, FL 33175 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Feet OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition CARUS, JESUS NAME NAME 4395 S.W. 117 AVENUE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33175 CITY-ST-ZIP Addition TITLE Delete IIILE ☐ Change NAME CARUS, YUSVIEL NAME 4395 S.W. 117 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-C!TY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-79 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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/the empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-29-04

Daytime Phone #

☐ Change

☐ Addition