


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90013 011 \*\*\*155.00

<b>DOCUMENT # P03000025284</b>	
<b>1. Entity Name</b> TILE & MARBLE INSTALLERS OF SOUTH FLORIDA, INCORPORATED	

<b>Principal Place of Business</b> 22076 PALMS WAY, UNIT 206 BOCA RATON FL 33433	<b>Mailing Address</b> 22076 PALMS WAY, UNIT 206 BOCA RATON FL 33433
--	--

<b>2. Principal Place of Business</b> 1521 N.W. 18th Ave. Suite, Apt., etc. #203	<b>3. Mailing Address</b> 1521 N.W. 18th Ave. Suite, Apt., etc. #203
<b>City &amp; State</b> DeIRAY Beach FL	<b>City &amp; State</b> DeIRAY Beach FL
<b>Zip</b> 33445	<b>Country</b> Palm Beach



MOORE CR2E034 (4/04)

<b>6. Name and Address of Current Registered Agent</b> DIORETO, PATRICK 22076 PALMS WAY, UNIT 206 BOCA RATON FL 33433	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>4. FEI Number</b> #14-1868797	<b>Applied For</b> Not Applicable
-------------------------------------	--------------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
--

**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: Patrick Dioreto, President DATE: 7/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIORETO, PATRICK 22076 PALMS WAY, UNIT 206 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, HAROLD 21688 ALTAMIRA AVE. BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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, 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: Patrick Dioreto, President DATE: 7/30/04 DAYTIME PHONE # 561 702 2923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR