


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90289 049 \*\*\*150.00

<b>DOCUMENT # P03000027157</b>					
1. Entity Name <b>LUXURY STONE &amp; TILE, INC.</b>					
Principal Place of Business <b>8833 PERIMETER PK BLVD STE 101 JACKSONVILLE, FL 32216</b>			Mailing Address <b>8833 PERIMETER PK BLVD STE 101 JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business <b>101 NATURES WAY</b>			3. Mailing Address <b>101 NATURES WAY</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PONTE VEDRA, FL</b>			City & State <b>PONTE VEDRA, FL</b>		
Zip <b>32082</b>	Country <b>USA</b>	Zip <b>32082</b>	Country <b>USA</b>	4. FEI Number <b>27-0049924</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VARELA, ALEXIS 8833 PERIMETER PK BLVD STE 101 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>VARELA, ALEXIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 NATURES WAY</b> City <b>PONTE VEDRA</b> <b>FL</b> Zip Code <b>32082</b>		
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 <u><i>Alexis Varela</i></u> <b>ALEXIS VARELA / PRESIDENT 4-27-04</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARELA, ALEXIS 8833 PERIMETER PK BLVD STE 101 JACKSONVILLE, FL 32216 <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		
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. 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: <u><i>Alexis Varela</i></u> <b>ALEXIS VARELA 4-27-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					

904-273-9702