## **2007 FOR PROFIT CORPORATION**

## Apr 25, 2007 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P03000035524** CAF MARBLE & TILE, INC. Principal Place of Business Mailing Address 915 S 13TH AVE 915 S 13TH AVE HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 No Chg-P CR2E034 (11/05) 02242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0562411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . نور ۱ مر FREGOTE, CARLOS A DO NOT WRITE 915 S 13TH AVE HOLLYWOOD, FL 33019 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 ager SIGNATURE e of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FREGOTE, CARLOS A STREET ADDRESS 915 S 13TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33019 U00000731347 05/09/07-80001-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**