# 2004 FOR PROFIT CORPORATION

90<u>/F</u>0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

#### Jun 15, 2004 8:00 am Secretary of State **ANNUAL REPORT** 06-15-2004 90002 023 \*\*\*150.00 **DOCUMENT # P03000042784** 1. Entity Name LEDEZMA BROTHERS TILE & MARBLE, INC. Principal Place of Business Mailing Address 54057478 8494 NW 40 ST 8494 NW 40 ST CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 8494 NW 40 5681 RIVERSIDE Suite, Apt. #, etc. Suite, Apt. #, etc. 03042003 Chg-P CR2E034 (10/03) 205 Applied For City & State City & State SPRINGS 71. CORAL CORAL SPRINGS, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33067 U5A. U51 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEDEZMA, ADOLFO 8494 NW 40 ST Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33065 City Zip Code 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 3 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition LEDEZMA, ADOLFO NAME NAME STREET ADDRESS 8494 NW 40 ST STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LEDEZMA, FABIAN NAME NAME 1045 NW 91 AVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete THIF TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change 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 like empowered.

FILED

Daytime Phone #

Division of Corporations

HALLMent Page 1 of 1 54057478



### **Division of Corporations**

### Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P03000042784

Tracking Number: 700034854417

The charge for your Annual Report is

\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.



# Division of Corporations

## **Annual Report**

Payment Page

Document Tracking # - 700034854417

Corporate Annual Report # - P03000042784

The charge amount for your filing is \$150.00.

#### **Payment**

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

#### **Credit Card Payment**

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

#### Please Note