

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90195 023 \*\*\*150.00

**DOCUMENT # P03000054885**

1. Entity Name  
**GENERAL TILE & MARBLE INC.**



Principal Place of Business  
**9440 SW 157 AVE  
MIAMI, FL 33196**

Mailing Address  
**C/O LOPEZ ACCT.  
1800 W 49 STREET #201  
HIALEAH, FL 33012**

40082041



2. Principal Place of Business

**9440 SW 151 Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172006

Chg-P

CR2E034 (11/05)

City & State

**MIAMI FL**

City & State

4. FEI Number

**91-2194793**

Applied For

Not Applicable

Zip

**33196**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARAHONA, DIEGO R  
9440 SW 151 AVE  
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BARAHONA, DIEGO R**  
STREET ADDRESS **9440 SW 151 AVE**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

**DIEGO RODRIGUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President 2-12-06 786-326-7117**  
Date Daytime Phone #