2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P03000057410** 1. Entity Name 04-28-2004 90296 045 \*\*\*150.00 SALES TILE & MARBLE, INC. Principal Place of Business Mailing Address 3273 COCOPLUM CIR. COCONUT CREEK FL 33063 3273 COCOPLUM CIR. COCONUT CREEK FL 33063 2. Principal Place of Business 3. Mailing Address Sance Suite, Apt. #, etc MOORE CR2E034 (11/03) Applied For City & State Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent = 2100 TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 3929 N. FEDERAL HWY. POMPANO BCH FL 33064 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 regist agent. SIGNATURE DATE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete ☐ Addition TITLE Change TITLE SALES, IRIAN V NAME NAME 9 AUC STREET ADDRESS 3273 COCOPLUM CIR. STREET ADDRESS CITY-ST-7IP COCONUT CREEK FL 33063 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Addition DITE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change Addition 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

Date

Daytime Phone #