2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-17-2004 90022 048 ***150.00

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TALLAHASSEE, FLORIDA

DOCUMENT # P03000068725

1. Entity Name

MARICHAL TILE INC

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
12401 W OKEECHOBEE RD	12401 W OKEECHOBEE RD
Suite, Apt. #, etc. 454	Suite, Apt. #, etc. 454
City & State HIALEAH GDNS, FL	City & State HIALEAH GDNS, FL
Zip 33018 Country	Zip 33018 Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2370769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name FRANK J MARICHAL
	Street Address (P.O. Box Number is Not Acceptable) 12401 W OKEECHOBEE RD #454
	City HIALEAH GARDENS FL Zip Code 33018

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 Frank 3/9/10

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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANK J MARICHAL 12401 W OKEECHOBEE RD #454 HIALEAH GDNS, FL 33018	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARLOS A ARTILES 2415 W 12 AVE #1 HIALEAH, FL 33010	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Frank 3/9/04 (786) 258-3832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #