

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90117 022 ***150.00

DOCUMENT # P03000068725 1. Entity Name MARICHAL TILE INC			
Principal Place of Business 12401 W OKEECHOBEE RD 454 HIALEAH GARDENS, FL 33018		Mailing Address 12401 W OKEECHOBEE RD 454 HIALEAH GARDENS, FL 33018	
2. Principal Place of Business Suite, Apt. #, etc. 507 SE 8 TERR.		3. Mailing Address Suite, Apt. #, etc. 507 SE 8 TERR.	
City & State Cape Coral FL		City & State Cape Coral FL	
Zip 33990.		Zip 33990.	
Country		Country	
4. FEI Number 56-2370769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARICHAL, FRANK 12401 W OKEECHOBEE RD 454 HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name MARICHAL, FRANK. Street Address (P.O. Box Number is Not Acceptable) 216 SE SANTA BARBARA PL. City Cape Coral FL Zip Code 33990.	
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 DATE 03/17/06. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MARICHAL, FRANK <input type="checkbox"/> Delete 12401 W OKEECHOBEE RD #204 HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARICHAL, FRANK. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 216 SE SANTA BARBARA PL Cape Coral FL 33990.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARTILES, CARLOS A <input type="checkbox"/> Delete 2415 W 12 AVE #1 HIALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTILES, CARLOS A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 507 SE 8 TERR Cape Coral FL 33990.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 03/17/06. Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			