


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90388 001 *****8.75
04-27-2006 90388 002 ***150.00

DOCUMENT # P03000074637	
1. Entity Name NELSON LOPEZ MARBLE & TILE, CORPORATION	

Principal Place of Business 203 SW 2ND AVENUE HALLANDALE, FL 33009	Mailing Address 203 SW 2ND AVENUE HALLANDALE, FL 33009
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2. Principal Place of Business 203 SW 2ND AVE HALLANDALE	3. Mailing Address 203 SW 2ND AVE HALLANDALE
-Suite, Apt. #, etc. -	Suite, Apt. #, etc. -

City & State HALLANDALE FLORIDA	City & State HALLANDALE FLORIDA
Zip 33009	Country USA

6. Name and Address of Current Registered Agent LOPEZ, NELSON 203 SW 2ND AVENUE HALLANDALE, FL 33009	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOPEZ, NELSON 203 SW 2ND AVENUE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nelson Lopez* **04-23-06** **(954) 682-7705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #