


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90218 004 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000074637</b>                                       |  |
| 1. Entity Name<br><b>NELSON LOPEZ MARBLE &amp; TILE, CORPORATION</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>203 SW 2ND AVENUE<br/>HALLANDALE FL 33009</b> | Mailing Address<br><b>203 SW 2ND AVENUE<br/>HALLANDALE FL 33009</b> |
|---|---|

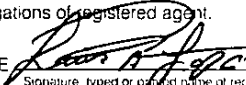


|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>203 SW 2ND AVENUE HALLANDALE FL 33009</b> | 3. Mailing Address<br><b>203 SW 2ND AVENUE FL</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                               |
| City & State<br><b>FLORIDA</b>   | City & State                                      |
| Zip<br><b>33009</b>  | Country<br><b>USA</b>                             |

2nd MOORE CR2E034 (4/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0087073</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>LOPEZ, NELSON<br/>203 SW 2ND AVENUE<br/>HALLANDALE FL 33009</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Luis Lopez</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>220 NE 4th</b><br><b>HALLANDALE FL</b><br>City <b>HALLANDALE FL</b> Zip Code <b>33009</b> |  |

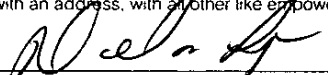
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE **04/25/08**

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 5, 2007</b><br><b>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |   |
|--|---------------------------------|--|---|
| TITLE<br><b>PT</b>                         | <input type="checkbox"/> Delete | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| NAME<br><b>LOPEZ, NELSON</b>               |                                 | NAME   |   |
| STREET ADDRESS<br><b>203 SW 2ND AVENUE</b> |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP<br><b>HALLANDALE FL 33009</b>  |                                 | CITY-ST-ZIP  |   |
| TITLE<br><b>VP</b>                         | <input type="checkbox"/> Delete | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| NAME<br><b>Luis Lopez</b>                  |                                 | NAME   |   |
| STREET ADDRESS<br><b>220 NE 4th</b>        |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP<br><b>HALLANDALE FL 33009</b>  |                                 | CITY-ST-ZIP  |   |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                       |                                 | NAME   |   |
| STREET ADDRESS                             |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP                                |                                 | CITY-ST-ZIP  |   |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                       |                                 | NAME   |   |
| STREET ADDRESS                             |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP                                |                                 | CITY-ST-ZIP  |   |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 another like empowered.

SIGNATURE:  DATE **04-25-08** DAYTIME PHONE # **954 682 7705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR