


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90219 038 \*\*\*150.00

<b>DOCUMENT # P03000081522</b> 1. Entity Name <b>LUNA TILE &amp; MARBLE, INC.</b>					
Principal Place of Business <b>1945 NW 4TH AVENUE #43</b> <b>BOCA RATON, FL 33432 US</b>			Mailing Address <b>1945 NW 4TH AVENUE #43</b> <b>BOCA RATON, FL 33432 US</b>		
2. Principal Place of Business <b>7710 KENWAY PLACE EAST</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>BOCA RATON</b>		City & State  		4. FEI Number <b>68-0566318</b>	
Zip <b>33433</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33433</b>		Country <b>U.S.A</b>		04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>AVELAR, IDELFONSO</b> <b>1945 NW 4TH AVENUE #43</b> <b>BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <b>IDELFONSO AVELAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7710 KENWAY PLACE EAST</b> City <b>BOCA RATON</b> FL Zip Code <b>33433</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 x <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>AVELAR, IDELFONSO</b> <b>1945 NW 4TH AVENUE #43</b> <b>BOCA RATON, FL 33432</b>	<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	PD <b>LUCIO, FLAVIO JOSE</b> <b>1945 NW 4TH AVENUE #43</b> <b>BOCA RATON, FL 33432</b>	<input checked="" 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	
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	
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 life empowered.					
SIGNATURE: x <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/06 5616207916 Date Daytime Phone #		