2005 FOR PROFIT CORPORATION

May 13, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-13-2005 90221 007 ***550.00 DOCUMENT # P03000083543 J'S VILLAGE MARBLE & GRANITE, INC Principal Place of Business Mailing Address 121 CLOWSON CT. 121 CLOWSON CT. 50052144 OCOEE, FL 34761 OCOEE, FL 34761 CR2E034 (10/03) 04052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0064529 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLANUEVA, JOSE L DO NOT WRITE 121 CLOWSON CT. OCOEE, FL 34761 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VILLANUEVA, JOSE L NAME 121 CLOWSON CT. STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: TOUL 11 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED