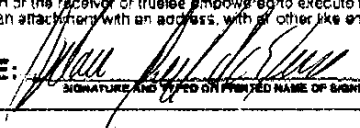


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90121 035 ***150.00

DOCUMENT # P03000089187			
1. Entry Name VENEZA TILE & MARBLE INC			
Principal Place of Business 1170 RESERVE WAY, STE 101 NAPLES, FL 34105		Mailing Address 1170 RESERVE WAY, STE 101 NAPLES, FL 34105	
2. Principal Place of Business 490 275 Street S.W		3. Mailing Address 490 275 Street S.W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34117		Zip 34117	
Country U.S.A.		Country U.S.A.	
4. FEI Number 55-0845047		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVA, ANTONIO 1170 RESERVE WAY, STE 101 NAPLES, FL 34105		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 _____ DATE _____ (Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when re-electing))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD DA SILVA, ANTONIO 1170 RESERVE WAY, STE 101 NAPLES, FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 or other like empowered			
SIGNATURE: 		04/29/05 239-261-2533	
SIGNATURE AND OFFICE OF REGISTERED NAME OF BUSINESS OFFICER OR DIRECTOR		Date Daytime Phone #	