

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90007 024 \*\*\*158.75

DOCUMENT # P03000094617

1. Entity Name

MARLINS TILES AND MARBLE INC.



Principal Place of Business

6891 S.W. 53 STREET  
MIAMI FL 33155

Mailing Address

6891 S.W. 53 STREET  
MIAMI FL 33155

44050877



MOORE

CR2E034 (4/04)

**MARLINS  
TILE & MARBLE**

Suite, Apt. #, etc.

2793 N.W. 79th Ave.

Miami, FL 33122

City & State  
Ph: (305) 470-0193  
Fax: (305) 471-7367

Zip

Country

3. Mailing Address

**MARLINS  
TILE & MARBLE**

Suite, Apt. #, etc.

2793 N.W. 79th Ave.

Miami, FL 33122

City & State  
Ph: (305) 470-0193  
Fax: (305) 471-7367

Zip

Country

4. FEI Number

55-0845371

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, LOUIS-D  
13446 S.W. 62 STREET  
MIAMI FL

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

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. ☒

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 D ☐ Delete  
NAME SERA, FRANKLIN  
STREET ADDRESS 1615 S.W. 122 AVENUE #5  
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BEDOYA, MARCO A  
STREET ADDRESS 6891 S.W. 53 STREET  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/04 305-470-0193

Date

Daytime Phone #