

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)

2. Principal Place of Business: **MARLINS TILE & MARBLE**
 Suite, Apt. #, etc.: **2793 N.W. 79th Ave. Miami, FL 33122**
 City & State: **Ph: (305) 470-0193 Fax: (305) 471-7367**

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**

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

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: _____ (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 | | |
|----------------------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SERA, FRANKLIN | |
| STREET ADDRESS | 1615 S.W. 122 AVENUE #5 | |
| CITY-ST-ZIP | MIAMI.FL 33175 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEDOYA, MARCO A | |
| STREET ADDRESS | 6891 S.W. 53 STREET | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **GARCIA, LOUIS D**
 Date: **07/27/04** Daytime Phone #: **305-470-0193**