## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 21, 2004 8:00 am Secretary of State 08-30-2004 90001 021 \*\*\*150.00

DOCUM 1. Entity Name ILIE TILE	e .	# P03000112 BLE, INC.										
Principal Place		5	Mailing Address									
1351 HARRISON ST HOLLYWOOD, FL 33019			1351 HARRISON ST HOLLYWOOD, FL 33019			66433906						
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08252004	Chg-P		CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number	5-897	+2		No	plied For t Applicable	
Zip		Country Zip		Coun	dry	J	of Status Desire		<u> г</u>	8.75 Addi ee Required		
	6. Name	and Address of Current	Name	7. Name and	Address of Ne	w Regis	stered A	gent				
LUTWAK, SCO <sup>†</sup> T H 1166 W NEWPORT CENTER DR			•	,			dress (P.O. Box Number is Not Acceptable)					
SUITE 114 DEERFIELD BEACH, FL 33442												
6					City				FL	Zip Code	<b>)</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, 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 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 9. Election Campaign Financing Added to Fees												
10.	1'	OFFICERS AND		11.	1	ADDITIONS	CHANGES TO	OFFICE	RS AND			
JITLE NAME	D Delete TIT				<b>I</b>					☐ Change	Addition	
STREET ADDRESS 1351 HARRISON ST				STRI	EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP					Change	C tadition		
TITLE NAME			☐ Delete	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS City-St-Zip	l 				EET ADORESS Y-ST-ZIP						1	
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NAME				NAA							_	
STREET ADDRESS CITY+ST-ZIP	3			- 1	Y-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 trustae 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: X8-25-04												

Attachment 66433906

SCOTT H. LUTWAK, C.P.A.

Certified Public Accountant
1166 W. NEWPORT CENTER DRIVE - SUITE 114
DEERFIELD BEACH, FL 33442
(954) 426-4480

August 25, 2004

Department of State Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Ilie Tile & Markle, Inc. P030000112879

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client never received the first UBR notice, and accordingly we request that the late fee be abated. Enclosed herewith please find my client's check for \$150.00.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Scott H. Lutwak

SHL/gg