2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 10, 2003 00.00 A
DOCUMENT # P03000116248 1. Entity Name				Secretary of State
PEIRU	POP TILE & MARBLE, INC.	1000		
Principal Pla	ace of Business —	Mailing Address		
2781 TAFT	STREET	2781 TAFT STREET		
#103 HOLLYWOO	D, FL 33020 [—] US	#103 HOLLYWOOD, FL 33020 U	IS	
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DO NOT WRITE IN THIS SPACE			CE.	04132005 No Chg-P CR2E034 (10/03)
DO NOT WHITE IN THIS SPAC			CE	4. FEI Number Applied For 20-0755964 Not Applicable
	and the second s		A Property of	Certificate of Status Desired
·	6. Name and Address of Current Re	egistered Agent		
POP, PED	DRU T STREET		ļ	DO NOT WRITE
#103	-			•
HOLLYWOOD, FL 33020		•	ļ	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				
Signature, typed or printed name of registered agent and Rie if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DI	RECTORS		
title Name	P POP. PEDRU		1	,
STREET ADDRESS	i ' _	•	1	
CITY-ST-ZIP	HOLLYWOOD, FL 33020			U00000312504 04/18/05-80087-008 150.00
TITLE	}		1	04/15/05~00001~000 130.00
NAME STREET ADDRESS			į	
CITY-ST-ZIP			<u> </u>	<u> </u>
TITLE Name				
STREET ADDRESS				
CITY-ST-ZIP				DO NOT WRITE
TITLE			.	IN THIS SPACE
NAME STREET ADDRESS				III IIIO OI AOL
CITY -ST-ZIP			l. ====================================	
TITLE				,
NAME			f	
STREET ADDRESS CITY-ST-ZIP		-		
TITLE			<u></u>	
NAME	·			
STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with the	s filing does not qualify for the exer	nption stated in Sec	tion 119.07(3)(i). Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filling 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.				

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: