

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90374 015 \*\*\*150.00



**DOCUMENT # P03000116248**

1. Entity Name  
**PETRU POP TILE & MARBLE, INC.**

Principal Place of Business  
**2781 TAFT STREET  
#103  
HOLLYWOOD, FL 33020 US**

Mailing Address  
**2781 TAFT STREET  
#103  
HOLLYWOOD, FL 33020 US**

2. Principal Place of Business  
**2620 COOLIDGE ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2620 COOLIDGE ST.**  
Suite, Apt. #, etc.



04242006 Chg-P CR2E034 (11/05)

City & State  
**Hollywood, FL**  
Zip  
**33020**  
Country  
**U.S.A**

City & State  
**Hollywood, FL**  
Zip  
**33020**  
Country  
**U.S.A**

4. FEI Number  
**20-0755964**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**POP, PEDRU  
2781 TAFT STREET  
#103  
HOLLYWOOD, FL 33020**

**7. Name and Address of New Registered Agent**

Name  
**POP PETRU**  
Street Address (P.O. Box Number is Not Acceptable)  
**2620 COOLIDGE ST.**  
City  
**HOLLYWOOD** FL Zip Code  
**33020**

8. The above named agent 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 **X** **04/28/06**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P POP, PEDRU 2781 TAFT STREET #103 HOLLYWOOD, FL 33020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P POP, PEDRU 2620 COOLIDGE ST. Hollywood, FL 33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/06 254-927-4981**  
Date Daytime Phone #