

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-02-2005 90036 020 ***150.00

DOCUMENT # P03000434462 1. Entity Name JOE JULIANO TILE & MARBLE, INC.					
Principal Place of Business 5504 A LAKE WOOD CIRCLE MARGATE FL 33063			Mailing Address 5504 A LAKE WOOD CIRCLE MARGATE FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1613425	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STARR, STUART 315 N.E. 3RD AVE., STE. 200 FT. LAUDERDALE FL 33301				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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P-JOE JULIANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIANO, JOE		NAME	5504 LAKEWOOD CIR	
STREET ADDRESS	5504 A LAKE WOOD CIRCLE		STREET ADDRESS	MARGATE FL, 33063	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V.P. JOE JULIANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	5504 LAKEWOOD CIR	
STREET ADDRESS			STREET ADDRESS	MARGATE, FL, 33063	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	T-JOE JULIANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	5504 LAKEWOOD CIR	
STREET ADDRESS			STREET ADDRESS	MARGATE FL, 33063	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SEC. JOE JULIANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	5504 LAKEWOOD CIR	
STREET ADDRESS			STREET ADDRESS	MARGATE FL, 33063	
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MD. JOE JULIANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	5504 LAKEWOOD CIR	
STREET ADDRESS			STREET ADDRESS	MARGATE FL, 33063	
CITY-ST-ZIP			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: _____ Date _____ Daytime Phone # _____					



ATTACHMENT

66026350

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 4, 2005

JOE JULIANO TILE & MARBLE, INC.
5504 A LAKE WOOD CIRCLE
MARGATE, FL 33063

Subject: JOE JULIANO TILE & MARBLE, INC.

Reference Number: P03000134462

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314