

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90044 006 ***150.00

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1. Entity Name
SUITO TILE & MARBLE, INC.



Principal Place of Business
6547 MIDNIGHT PASS RD #32
SARASOTA, FL 34242

Mailing Address
6547 MIDNIGHT PASS RD #32
SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE



05152007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2418211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUITO, AUGUSTO
6547 MIDNIGHT PASS RD #32
SARASOTA, FL 34242

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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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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
PTD
SUITO, AUGUSTO
6547 MIDNIGHT PASS RD #32
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SUITO, ALISON
6547 MIDNIGHT PASS RD #32
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALISON SUITO - VD

04-12-07

Date

Daytime Phone # _____