2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT (AR)** Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P03000146870 1. Entity Name 04-25-2007 90184 013 \*\*\*150.00 MANDARIN MARBLE AND TILE, INC. Principal Place of Business Mailing Address 5344 LOSCO ROAD 5344 LOSCO ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business - No P.O. Box,# 33 1 Palmetto Blut Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 20-0449453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOSCO, DAVID E Street Address (P.O. Box Number is Not Acceptable) 5344 LÓSCO ROAD JACKSONVILLE FL: 32257 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature reduced when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Defete 1011 ☐ Change Addilion LOSCO, DAVID E NAME 5344 LOSCO ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY SI - ZIP CHY SI-ZIP HILE ☐ Defeto 1101 ☐ Change ☐ Addition LOSCO, CHRISTOPHER M NAME 5344 LOSCO RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CHY-SI-7/P CHY ST-7IP TR TITLE ☐ Delete Change Addition LOSCO, CHRISTIAN D NAMI 5344 LOSCO RD STRUCT ADDRESS. STREET LADDERSS JACKSONVILLE FL 32257 CRY-ST-7IP CHY ST 7IP THE ☐ Defete HUE ☐ Change ■ Addition NAMI NAME STREET FADDRESS STREET ADDRESS CHY-ST 7IP CITY ST-7IP DILE ☐ Delete THIE Change Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CUY ST ZIP TITLE ☐ Delete HHE Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or truetce empored 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;