
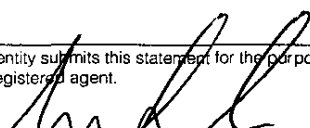
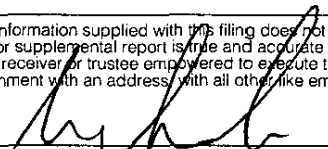


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90258 044 \*\*\*158.00

<b>DOCUMENT # P03000147848</b> 1. Entity Name <b>GLOBAL TILE AND CONTRACTING INC.</b>					
Principal Place of Business <b>1349 DELBROOK SOUTH</b> <b>MARCO ISLAND, FL 34145</b>			Mailing Address <b>1349 DELBROOK SOUTH</b> <b>MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business <b>1083 N. COLLIER BLVD</b> Suite, Apt. #, etc. <b>262</b>		3. Mailing Address <b>1083 N. COLLIER BLVD</b> Suite, Apt. #, etc. <b>262</b>			
City & State <b>MARCO ISLAND, FL</b>		City & State <b>MARCO ISLAND, FL</b>		4. FEI Number <b>20-0481146</b>	
Zip <b>34145</b>		Country <b>COLLIER</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALISZEWSKI, MARK B</b> <b>1349 DELBROOK SOUTH</b> <b>MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent Name <b>MARK MALISZEWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1083 N. COLLIER BLVD #262</b> City <b>MARCO ISLAND</b> FL Zip Code <b>34145</b>	
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  DATE <b>APRIL 20, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>MALISZEWSKI, MARK B</b> <b>1349 DELBROOK SOUTH</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C, O</b> <b>MARK MALISZEWSKI</b> <b>1083 N. COLLIER BLVD #262</b> <b>MARCO ISLAND, FL, 34145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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:  <b>MARK MALISZEWSKI</b> DATE <b>APRIL 20, 2004</b> DAYTIME PHONE # <b>239-293-0590</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

24053057



04152004 Chg-P CR2E034 (10/03)