## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P03000149405**

1. Entity Name

RUBEN CARDOZA TILE, MARBLE, & STONE INC.



**FILED** Jan 20, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

120 S MULBERRY ST FELLSMERE, FL 32948 120 S MULBERRY ST FELLSMERE, FL 32948



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 81-0640131

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CARDOZA, RUBEN 120 S MULBERRY ST FELLSMERE, FL 32948

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	1)00000392624 01/24/06-80087-004 150.00		
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDOZA, RUBEN 120 S MULBERRY ST FELLSMERE, FL 32948						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS				IN			

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:

CITY-ST-ZIP MLE

STREET ADDRESS CITY-ST-ZIP TIFLE

STREET ADDRESS CITY-ST-ZIP

Kulder (MAC) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR