


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # P03000149405	
1. Entity Name RUBEN CARDOZA TILE, MARBLE, & STONE INC.	

Principal Place of Business 120 S MULBERRY ST FELLSMERE FL 32948	Mailing Address 120 S MULBERRY ST FELLSMERE FL 32948
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 81-0640131	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARDOZA, RUBEN 120 S MULBERRY ST FELLSMERE FL 32948

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when appointing)) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE <input type="checkbox"/>
CARDOZA, RUBEN 120 S MULBERRY ST FELLSMERE FL 32948	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
U00000817372 02/14/08-80090-009 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 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: *Ruben Cardoza Sr.* - Ruben Cardoza Sr. 772-633-8533
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR