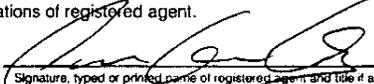
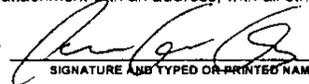


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90053 024 \*\*\*150.00

<b>DOCUMENT # P04000001426</b>					
1. Entity Name FENIC MARBLE & TILE, INC.					
Principal Place of Business 691 ASHFORD OAKS DR APT 101 ALTAMONTE SPRINGS, FL 32714			Mailing Address 691 ASHFORD OAKS DR APT 101 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box # 577 CALIBRE CREST PKWY Suite, Apt. #, etc. Apt. # 106 City & State ALTAMONT SPRING Zip 32714 Country USA		3. Mailing Address 577 CALIBRE CREST PKWY Suite, Apt. #, etc. Apt. # 106 City & State ALTAMONTE SPRING Zip 32714 Country USA		 04172007 Chg-P CR2E034 (12/06)	
4. FEI Number 58-2679471		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, FERNANDO 691 ASHPOND OAKS DR APT 101 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 577 CALIBRE CREST PKWY. - Apt. #106 City ALTAMONTE SPRING FL Zip Code 32714		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 04/17/07					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTRO, FERNANDO 691 ASHFORD OAKS DR APT 101 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	577 CALIBRE CREST PKWY. APT. # 106 ALTAMONTE SPRING, FL 32714	<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
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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 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: 			Date: 04/17/07		Daytime Phone #: 321 422 9556