

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90398 008 \*\*\*150.00

66413712



MOORE CR2E034 (11/03)

|   |                                      |                                 |  |  |   |
|---|--------------------------------------|---------------------------------|--|--|---|
| DOCUMENT # P0400001484  |                                      |                                 |  |         |   |
| 1. Entity Name<br>OGANDO TILE & MARBLE INC  |                                      |                                 |  |  |   |
| Principal Place of Business<br>11201 SW 55 STREET<br>LOT D13 BOX 307<br>MIRAMAR FL 33025  |                                      |                                 | Mailing Address<br>11201 SW 55 STREET<br>LOT D13 BOX 307<br>MIRAMAR FL 33025                                 |  |   |
| 2. Principal Place of Business  |                                      |                                 | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.   |                                      |                                 | Suite, Apt. #, etc.  |  |   |
| City & State  |                                      |                                 | City & State   |  |   |
| Zip   |                                      | Country                         | Zip  |  | Country   |
| 6. Name and Address of Current Registered Agent   |                                      |                                 |  | 4. FEI Number<br>20-0681704  |   |
| OGANDO, LORENZO D<br>11201 SW 55 STREET<br>LOT D13 BOX 307<br>MIRAMAR FL 33025  |                                      |                                 |  | Applied For<br>Not Applicable  |   |
|   |                                      |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
|   |                                      |                                 |  | 7. Name and Address of New Registered Agent  |   |
| 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.   |                                      |                                 |  | Name   |   |
| SIGNATURE _____   |                                      |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                       |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)  |                                      |                                 |  | City   |   |
| DATE _____  |                                      |                                 |  | FL Zip Code  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</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   | PRES                                 | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | OGANDO, LORENZO D                    |                                 | NAME   |  |   |
| STREET ADDRESS  | 11201 SW 55 STREET, LOT D13, BOX 307 |                                 | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   | MIRAMAR FL 33025                     |                                 | CITY-ST-ZIP  |  |   |
| TITLE   |                                      | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |                                 | NAME   |  |   |
| STREET ADDRESS  |                                      |                                 | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                      |                                 | CITY-ST-ZIP  |  |   |
| TITLE   |                                      | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |                                 | NAME   |  |   |
| STREET ADDRESS  |                                      |                                 | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                      |                                 | CITY-ST-ZIP  |  |   |
| TITLE   |                                      | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |                                 | NAME   |  |   |
| STREET ADDRESS  |                                      |                                 | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                      |                                 | CITY-ST-ZIP  |  |   |
| TITLE   |                                      | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |                                 | NAME   |  |   |
| STREET ADDRESS  |                                      |                                 | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                      |                                 | CITY-ST-ZIP  |  |   |
| 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: _____  |                                      |                                 | Date _____ Daytime Phone # _____   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |                                 |  |  |   |