2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY -3 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000001484

1. Entity Name
OGANDO TILE & MARBLE INC

Principal Place of Business	Mailing Address
11201 SW 55 STREET LOT D13 BOX 307 MIRAMAR, FL 33025	11201 SW 55 STREET LOT D13 BOX 307 MIRAMAR, FL 33025
2. Principal Place of Business: 10417 NW 32ct	3. Mailing Address: 10417 NW 32ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33147 Country: Dade	Zip: 33147 Country: Dade

4. FEI Number: 20-0681704 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OGANDO, LORENZO D 11201 SW 55 STREET LOT D13 BOX 307 MIRAMAR, FL 33025	Name Street Address (P.O. Box Number is Not Acceptable) City 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 X Lorenzo D. Ogando (305) 345 0916 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PRES OGANDO, LORENZO D 11201 SW 55 STREET, LOT D13, BOX 307 MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200053669662 05/03/05--01041--024 **150.00
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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: X Lorenzo D. Ogando Pres. 4/25/05 (305) 226 8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #