

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011122

Entity Name: GV TILE & MARBLE INC

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

606 IXORIA AVENUE  
A4  
FORT PIERCE, FL 34982 US

## Current Mailing Address:

606 IXORIA AVENUE  
A4  
FORT PIERCE, FL 34982 US

FEI Number: 20-0790850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMES, CIRES P SR  
606 IXORIA AVENUE  
A4  
FORT PIERCE, FL 34982 US

## New Principal Place of Business:

200 CALYPSO DR  
C 200  
FORT PIERCE, FL 34947 US

## New Mailing Address:

200 CALYPSO DR  
C 200  
FORT PIERCE, FL 34947 US

## Name and Address of New Registered Agent:

TAXPLACE CORP  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 US

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.

SIGNATURE: CLAUDIO RIBEIRO

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOMES, CIRES P SR  
Address: 606 IXORIA AVENUE #A4  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR (X) Delete  
Name: TEIXEIRA, JOSE  
Address: 606 IXORIA AVENUE #A4  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR ( ) Delete  
Name: GOMES, CIRES P JR  
Address: 606 IXORIA AVENUE #A4  
City-St-Zip: FORT PIERCE, FL 34982 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GOMES, CIRES P SR  
Address: 200 CALYPSO DR  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: GOMES, CIRES P JR  
Address: 200 CALYPSO DR  
City-St-Zip: FORT PIERCE, FL 34947 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CIRES P. GOMES SR

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date