2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P04000013178 1. Entity Name				04-27-2005 90281 029 ***150.00				
MARENCO TILES & MARBLE INC.								
Principal Place of Business	ness Mailing Address			1 40069222				
801 NW 18 PL				100	00	~		
MIAMI TE 33125 MIAMI, FE 33125								
/ 3	, ,							
2. Principal Place of Business 95T.	31 NW 431.							
Suite, Apt. #, etc. CII2	Apt. #, etc. Suite, Apt. #, etc.			04152005	Chg-P	CR2EC	34 (10/03)	•
City & State MAM	City & State			4. FEI Number	- 55	0790	(<i>t.</i> — —	oplied For ot Applicable
33126 MIANI NAME	_ Zip	Country	- 1	5. Certificate of	Status Des	ired 🔲	\$8.75 Add	
6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	ddress of I	New Registered	 	
		Na	arne M	ARENI	CD	J11/	10	
MARENCO AULIO 801 NW 36 PL			Street Address (P.Q. Box Number is Not (Coptable)					
MIAMI, FL 33125			4681 NW 9 31.					
			# C/(2					
		Cit	ty /	MAM	1	FL		126
B. The above named entity submits this statement for	or the purpose of changing its	registered off	fice or register	ed agent, or both,	in the State	of Florida. I am	familiar with,	and accept
the obligations of registered agent.	(4)							
SIGNATURE Signature, typed or brinted name of registered agent	and little if anniforable (NOT	Tr. Denistered Anen	beruper erutangia Ir	Luban minetations		DATE		
Services, typed to Visited have the legislated again	and the mappingable. (NOT	E. negistered Agen	II MUNICIPAL RECURSE	(Mules (Generatinal)		UATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10. OFFICERS AND	DIRECTORS	11.			HANGES TO	OFFICERS AND	DIRECTOR	S IN 11
NAME MARENCO, JULIO	☐ Defete	TITLE	PT	SD			Change	☐ Addition
NAME MARENCO, JULIO STREET ADDRESS 801 NW 18 PL		NAME STREET ADD	ORESS M	IAREN	CO,	JULIO		
CITY-ST-ZIP MIAMI, FL 33125		CITY-ST-ZI	P 4	-681 A	LÚ	95T.		
TITLE	☐ Delete	TITLE		#CI		•	☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADD	VDEGG.		•			
CITY-ST-ZIP		CITY-ST-ZI	P /	MAM	l, F	C .		
TITLE	☐ Defete	TITLE			312		☐ Change	Addition
NAME		NAME			710	-6		
STREET ADDRESS CITY-ST-ZIP		STREET ADD CITY-ST-ZI						
TITLE	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	25 55.50	NAME						
STREET ADDRESS		STREET ADD						
CITY-ST-ZIP		CITY-ST-ZII	r 					
TITLE NAME	Delete	TITLE NAME					Change	Addition
STREET ADDRESS		STREET ADD	DRESS					
CITY-ST-ZIP		CITY-ST-ZII	P _					
NAME	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS		STREET ADD	DRESS					
CITY-ST-ZIP		CITY-ST-ZI						
12. I hereby certify that the information supplied with	h this filing does not qualify fo	r the exemptio	on stated in Se	ction 119.07(3)(i),	Florida Sta	tutes. I further cer	tify that the is	nformation
indicated on this report or supplemental report in of the corporation or the receiver or trustee empth changed or on an attachment with abandedsess.	owered to execute this report	as required b	by Chapter 607	, Florida Statutes;	and that m	y name appears i	n Block 10 o	r Block 11 if
changed, or on an attachment with a address, with all other like empowered.								
SIGNATURE:	7	عب	<u>ى</u>				 	
SIGNATURE AND THE OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR			Date	ľ	Daytime Phone #	