


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90281 029 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000013178</b>                           |  |
| 1. Entity Name<br><b>MARENCO TILES &amp; MARBLE INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><del>801 NW 18 PL</del><br><del>MIAMI, FL 33125</del> | Mailing Address<br><del>801 NW 18 PL</del><br><del>MIAMI, FL 33125</del> |
|--|--|

40069222

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><b>4681 NW 9 ST.</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.<br><b>C112</b>                     | Suite, Apt. #, etc. |

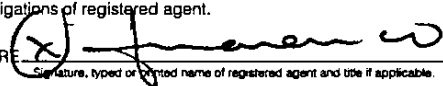
|                              |                              |
|------------------------------|------------------------------|
| City & State<br><b>MIAMI</b> | City & State                 |
| Zip<br><b>33126</b>          | Country<br><b>MIAMI DADE</b> |

04152005 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MARENCO, JULIO</b><br><b>801 NW 18 PL</b><br><b>MIAMI, FL 33125</b> |  |
|---|--|

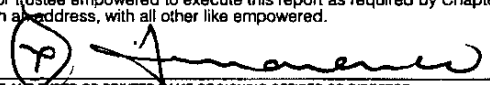
|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>03-5507904</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required |                               |

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name <b>MARENCO, JULIO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4681 NW 9 ST.</b><br><b># C112</b><br>City <b>MIAMI</b> FL Zip Code <b>33126</b> |  |
|--|--|

|   |      |
|---|------|
| 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    | DATE |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MARENCO, JULIO</del><br><del>801 NW 18 PL</del><br><del>MIAMI, FL 33125</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PTSD</b><br><b>MARENCO, JULIO</b><br><b>4681 NW 9 ST.</b><br><b># C112</b><br><b>MIAMI, FL.</b><br><b>33126</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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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:   | Date _____ Daytime Phone # _____ |