


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90084 006 \*\*\*150.00


<b>DOCUMENT # P04000021317</b>	
1. Entity Name <b>TILE &amp; MARBLE INSTALLATION BY CESAR, CORP.</b>	

Principal Place of Business <b>5263 ADAMS RD DELRAY BEACH, FL 33484 US</b>	Mailing Address <b>5263 ADAMS RD DELRAY BEACH, FL 33484 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5422 ADAMS ROAD</b>	3. Mailing Address <b>5422 ADAMS ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DELRAY BEACH, FLORIDA</b>	City & State <b>DELRAY BEACH, FLORIDA</b>
Zip <b>33484</b>	Country <b>PALM BEACH</b>

6. Name and Address of Current Registered Agent <b>GERVACIO, CESAR 5263 ADAMS RD DELRAY BEACH, FL 33484</b>		7. Name and Address of New Registered Agent Name <b>GERVACIO, CESAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5422 Adams Road</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33484</b>	
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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>4-4-07</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GERVACIO, CESAR 5263 ADAMS RD DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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**SIGNATURE:**  **CESAR GERVACIO, PRESIDENT** **04/04/2007** **(561) 317-3879**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #