2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State
04-20-2005 90324 021 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000022002

1. Entity Name

VENTURA TILE & MARBLE, INC

Principal Place of Business	Mailing Address
3243 SANDY SHORE LN KISSIMMEE FL 34743	3243 SANDY SHORE LN KISSIMMEE FL 34743

2. Principal Place of Business	3. Mailing Address
1765 QUAIL RIDGE LOOP	1765 QUAIL RIDGE LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FLORIDA	City & State: KISSIMMEE, FLORIDA
Zip: 34744 Country: OSCEOLA	Zip: 34744 Country: OSCEOLA

4. FEI Number 56-2431514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAPATA, LUIS
3243 SANDY SHORE LN
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

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 ____________________
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
Make Check Payable to Florida Department of State

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: D NAME: ZAPATA, LUIS STREET ADDRESS: 3243 SANDY SHORE LN CITY-ST-ZIP: KISSIMMEE FL 34743	☒ Delete	TITLE: D NAME: ZAPATA, LUIS STREET ADDRESS: 1765 QUAIL RIDGE LOOP CITY-ST-ZIP: KISSIMMEE, FL. 34744	☒ Change ☐ Addition
TITLE: D NAME: ZAPATA, OLGA STREET ADDRESS: 3243 SANDY SHORE LN CITY-ST-ZIP: KISSIMMEE FL 34743	☒ Delete	TITLE: D NAME: ZAPATA, OLGA STREET ADDRESS: 1765 QUAIL RIDGE LOOP CITY-ST-ZIP: KISSIMMEE, FL, 34744	☒ Change ☐ 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: Luis Zapata 04-15-05 407 340-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #