

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90034 019 \*\*\*150.00

<b>DOCUMENT # P04000029233</b>					
<b>1. Entity Name</b> ONYX TILE & MARBLE, INC.					
<b>Principal Place of Business</b> 1727 LEE ST SUITE 15 HOLLYWOOD, FL 33020			<b>Mailing Address</b> 1727 LEE ST SUITE 15 HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business</b> 2101 ATLANTIC SHORES BLVD Suite, Apt. #, etc. 109		<b>3. Mailing Address</b> 2101 ATLANTIC SHORES BLVD Suite, Apt. #, etc. #109			
<b>City &amp; State</b> HALLANDALE, FL		<b>City &amp; State</b> HALLANDALE, FL		<b>4. FEI Number</b> 34-1988559	
<b>Zip</b> 33009		<b>Country</b> U.S.A		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PVST <b>NAME</b> HOLICI, CALIN I <b>STREET ADDRESS</b> 1727 LEE ST STE 15 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PVST <b>NAME</b> HOLICI, CALIN <b>STREET ADDRESS</b> 2101 ATLANTIC SHORES BLVD #109 <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/10/06 954-454-3669 <small>Date Daytime Phone #</small>		