
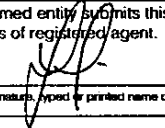
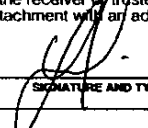


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90127 002 \*\*\*150.00

<b>DOCUMENT # P04000047253</b> 1. Entity Name <b>JONNY TILE &amp; MARBLE INC</b>																																			
Principal Place of Business <b>424 EAST 63RD STREET HIALEAH, FL 33013</b>		Mailing Address <b>424 EAST 63RD STREET HIALEAH, FL 33013</b>																																	
2. Principal Place of Business <b>5926 NW 100st.</b>		3. Mailing Address <b>5926 NW 100st.</b>																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>																																	
Zip <b>33147</b>		Zip <b>33147</b>																																	
Country <b>USA</b>		Country <b>USA</b>																																	
4. FEI Number <b>20-0863160</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>SALAZAR, JONNY 424 EAST 63RD STREET HIALEAH, FL 33013</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																	
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  <b>Pres.</b> <span style="float: right;"><b>3/17/05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when resigning)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PRES SALAZAR, JONNY 424 EAST 63RD STREET HIALEAH, FL 33013</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SALAZAR, JONNY 424 EAST 63RD STREET HIALEAH, FL 33013</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SALAZAR, JONNY 424 EAST 63RD STREET HIALEAH, FL 33013</b> <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 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:  <b>Pres.</b> <span style="float: right;"><b>3/17/05 (505) 968-5208</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			