


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90163 021 ***150.00

DOCUMENT # P04000053816

1. Entity Name
OSHIANA TILE & MARBLE CORP



Principal Place of Business
**910 SW 105 AVE APT 102
 MIAMI, FL 33174**

Mailing Address
**910 SW 105 AVE APT 102
 MIAMI, FL 33174**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2232 S.W. 154 AVE.
 Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33185

Country
US



04182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**ALTAMIRANO, RONALD
 910 SW 105 AVE APT 102
 MIAMI, FL 33174**

4. FEI Number
56-2450753

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2232 S.W. 154 AVE.
 City, State, Zip Code
MIAMI FL 33185

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P ALTAMIRANO, RONALD 910 SW 105 AVE APT 102 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 2232 S.W. 154 AVE. MIAMI FL 33185 <input checked="" 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: *Ronald Altamirano* **4-20-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #