


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90199 045 ***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 2232 SW 154 AVE MIAMI, FL 33185 US
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2. Principal Place of Business 2232 SW 154 AVE	3. Mailing Address
Suite, Apt. #, etc. MIAMI	Suite, Apt. #, etc.

City & State FLA	City & State
Zip 33185	Country

40055395



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2450753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALTAMIRANO, RONALD 2232 SW 154 AVE MIAMI, FL 33185	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	P ALTAMIRANO, RONALD 2232 SW 154 AVE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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.

SIGNATURE:  **4/13/06** **786-412-1347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #