2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056530

Entity Name: QUALITY TILE & MARBLE INSTALLATION, CORP.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

409 NE 19TH AVE 1268 SCARLET OAK CIR

POMPANO BEACH, FL 33060 US VERO BEACH, FL 32966 US

Current Mailing Address: New Mailing Address:

409 NE 19TH AVE 1268 SCARLET OAK CIR

POMPANO BEACH, FL 33060 US VERO BEACH, FL 32966 US

FEI Number: 20-0971857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOS SANTOS, WESLEY
409 NE 19TH AVE
51LVA, EDUARDO C
1268 SCARLET OAK CIR

POMPANO BEACH, FL 33060 US VERO BEACH, FL 32966 US

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.

SIGNATURE: EDUARDO C SILVA 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 DOS SANTOS, WESLEY
 Name:
 SILVA, EDUARDO C

 Address:
 409 NE 19TH AVE
 Address:
 1268 SCARLET OAK CIR

City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: VERO BEACH, FL 32966 US

Title: VP () Delete Title: VP (X) Change () Addition Name: SANTOS, JORGE E Name: PEREIRA, JOAO BATISTA I

 Address:
 409 NE 19TH AVE
 Address:
 1268 SCARLET OAK CIR

 City-St-Zip:
 POMPANO BEACH, FL 33060 US
 City-St-Zip:
 VERO BEACH, FL 32966 US

Title: SC () Delete Title: SC (X) Change () Addition

 Name:
 SILVA, EDUARDO C
 Name:
 LOPES, JOAO J

 Address:
 409 NE 19TH AVE
 Address:
 1268 SCARLET OAK CIR

 City-St-Zip:
 POMPANO BEACH, FL 33060 US
 City-St-Zip:
 VERO BEACH, FL 32966 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO C SILVA P 04/24/2006