
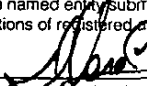



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 024 ***150.00

DOCUMENT # P04000056798 1. Entity Name AMERICAN STAR TILES & MARBLE INC.					
Principal Place of Business 3319 SW 25TH STREET MIAMI, FL 33133			Mailing Address 3317 S.W. 25TH ST. MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address 3319 SW 25 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL.		4. FEI Number 20-0921019	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33133		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VERA, ISRAEL J 3317 SW 25TH STREET MIAMI, FL 33133			7. Name and Address of New Registered Agent Name VERA, ISRAEL J. Street Address (R.O. Box Number is Not Acceptable) 3319 SW 25 St. City Miami FL Zip Code 33133		
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 4/27/05 <small>Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D VERA, ISRAEL J 3319 SW 25TH STREET MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMEZ, BARBARA 3319 SW 25TH STREET MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 		ISRAEL J. VERA, Director 4/27/05 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>			