

2009 ~~2008~~ **FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000056798

1. Entity Name

AMERICAN STAR TILES & MARBLE INC.



Principal Place of Business

3319 SW 25TH STREET
MIAMI, FL 33133

Mailing Address

3319 SW 25TH STREET
MIAMI, FL 33133

FILED

2009 MAY 22 A 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0921019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERA, ISRAEL J
3317 SW 25TH STREET
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VERA, ISRAEL J
STREET ADDRESS 3319 SW 25TH STREET
CITY-ST-ZIP MIAMI, FL 33133

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2001563091 42
05/22/09--01009--024 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #