Page/or

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000059995 08 SEP 15 PH 12: 52 DAVID'S MARBLE & TILE, CORP. Principal Place of Business Mailing Address 1900 NORTH 61 AVENUE 1900 NORT 61 AVENUE HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 09102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1992105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORES, DAVID J DO NOT WRITE 1900 NORTH 61 AVENUE HOLLYWOOD, FL 33024 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 apolicable INOTE Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. **PSTD** TITLE FLORES, DAVID J NAME STREET ADDRESS 1900 NORTH, 61 AVENUE. CITY-ST-ZIP HOLLYWOOD, FL 33024 **400136160204** 09/19/08--01045--023 **150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 it 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 five empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME

ME OF SIGNING OFFICER OR DIRECTOR

09-11.00

Daytime Phone #

19902F2

FLORIDA DEPARTMENT OF STATE Secretary of State Division Of Corporations P.O. BOX 8700 Tallahassee, Fl 32314

Miami, September 11 of 2008

To Whom it may concern:

I, David Flores just want to let know that all the letters that you send me with the monthly payment, my neighbor took it for me by mistake, so now she came and told me that she have all my statements and etc. For that reasons now I have to pay the amount of 500 for all those months that pass. If you can see it is not my fault and I just can pay 150 for my company DAVID'S MARBLE & TILE, CORP. This situation makes a mess in my accountability. I hope you can understand my situation and I soon as possible I will pay my other amounts.

David's Marble & Tile, Corp.

1900 North 61 Avenue Hollywood – Fl 33024