



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000064444 <small>1.4 Entity Name</small> BIG APPLE MARBLE & TILE RESTORATION, INC.			
<small>Principal Place of Business</small> 4573 BLUE PINE LAKE WORTH, FL 33463		<small>Mailing Address</small> 4573 BLUE PINE LAKE WORTH, FL 33463	
DO NOT WRITE IN THIS SPACE			
		02142008 No Chg-P CR2E034 (11/05)	
		<small>4. FEI Number</small> 20-1197365	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
		<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
<small>6. Name and Address of Current Registered Agent</small> REYES, JOSEPH 4573 BLUE PINE LAKE WORTH, FL 33463		DO NOT WRITE IN THIS SPACE	
<small>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.</small>			
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating))</small> <small>DATE</small> _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000440005 03/09/06-80022-020 158.75	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D REYES, JOSEPH 4573 BLUE PINE LAKE WORTH, FL 33463		
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<small>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.</small>			
SIGNATURE:  Joseph Reyes Director		02/14/2006	561-667-3830
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>