

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90203 031 \*\*\*150.00

**DOCUMENT # P04000064840**

1. Entity Name  
**GREKO TILE & MARBLE INC.**



Principal Place of Business  
**7450 MIAMI LAKES DRIVE  
C101  
MIAMI LAKES, FL 33014**

Mailing Address  
**7450 MIAMI LAKES DRIVE  
C101  
MIAMI LAKES, FL 33014**

**14005220**

2. Principal Place of Business  
**4111 S.W 99 Ave.  
Suite, Apt. #, etc.  
Miami, FL 33165  
City & State**

3. Mailing Address  
**4111 S.W 99 Ave.  
Suite, Apt. #, etc.  
Miami, FL  
City & State**

04132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1065965**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip  
**33165**

Country  
**Miami-Dade**

Zip  
**33165**

Country  
**Miami-Dade**

6. Name and Address of Current Registered Agent  
**MOSQUEDA, JULIO  
7450 MIAMI LAKES DRIVE  
C101  
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent  
Name  
**Julio Mosqueda**  
Street Address (P.O. Box Number is Not Acceptable)  
**4111 S.W 99 Avenue**  
**Miami, FL 33165**  
City **FL** Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES MOSQUEDA, JULIO 7450 MIAMI LAKES DRIVE #C101 MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES Mosqueda, Julio 4111 S.W 99 Avenue Miami, FL 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **JULIO C MOSQUEDA PRESIDENT 4/27/05**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #