


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90068 002 \*\*\*150.00

<b>DOCUMENT # P04000074578</b> 1. Entity Name <b>KELLY MARBLE AND TILE, CORP.</b>					
Principal Place of Business <b>1036 S W 3 ST AP 3</b> <b>MIAMI, FL 33130</b>			Mailing Address <b>1036 S W 3 ST AP 3</b> <b>MIAMI, FL 33130</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1114550</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ORTIZ, MIGUEL</b> <b>1036 S W 3 ST AP 3</b> <b>MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>[Signature]</i> <b>MIGUEL ORTIZ DP</b> <i>[Signature]</i> <b>WILLIAM ORTIZ VD</b> DATE: <b>3/31/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <b>DP</b> <input type="checkbox"/> Delete NAME: <b>ORTIZ, MIGUEL</b> STREET ADDRESS: <b>1036 S W 3 ST AP 3</b> CITY-ST-ZIP: <b>MIAMI, FL 33130</b>			TITLE: <b>LUIS ORTIZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>LUIS ORTIZ</b> STREET ADDRESS: <b>1036 SW 3 ST #3</b> <b>(SECRETARY)</b> CITY-ST-ZIP: <b>MIAMI FL 33130</b>		
TITLE: <b>VD</b> <input type="checkbox"/> Delete NAME: <b>ORTIZ, WILLIAM</b> STREET ADDRESS: <b>1036 S W 3 ST AP 3</b> CITY-ST-ZIP: <b>MIAMI, FL 33130</b>			TITLE: <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>ALEJANDRO ORTIZ</b> STREET ADDRESS: <b>1036 SW 3 ST #3</b> <b>MIAMI FL 33130</b>		
TITLE: <b>T</b> <input checked="" type="checkbox"/> Delete NAME: <b>CABRERA, JIMMY M</b> STREET ADDRESS: <b>1036 S W 3 ST AP 3</b> CITY-ST-ZIP: <b>MIAMI, FL 33130</b>			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>[Signature]</i> <b>3/31/05</b>					
SIGNATURE:      Date:      Daytime Phone #:					