2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90031 019 ***150.00

DOCUMENT # P0400074578 1. Entity Name KELLY MARBLE AND TILE, CORP.						02-01-2007 90031 019 ***150.00			
Principal Place of Business Mailing Address					🔫 4ูบบง	JU = ~ -			
3512 EAST 8TH AVE HIALEAH, FL 33013		3512 EAST 8TH AVE HIALEAH, FL 33013			((#B)()BA(()) (1141 41411 40111 44111 00	III 88(II INTII BINKI BUUI ITREI IU	U nd i 11. 1 00 1	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 20-1114		<u> </u>	plied For it Applicable		
Zip	Country	Zip	Country			of Status Desired	S8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and /	Address of New I	Registered Agent		
ORTIZ, MIGUEL 3512 EAST 8TH AVE				Street Addross (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33013						· · · · · · · · · · · · · · · · · · ·	·		
			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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIRECTORS 11.						CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE	DP .	🔀 Delete	Hitt	٤ 1	DP H	and	🔀 Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	•••			ELT ADDRESS 4/	PRTIZE MINISTER	AVE #	43.1 B		
HILE	αV	⊠ Delete	TITE		PATE WI	Ili and	Change	Addition .	
NAME OXDEEX ADDRESSO	ORTIZ, WILLIAM 3512 EAST 8TH AVE		NAM	EET ADDRESS	120 000	A AYE A	13)		
STREET ADDRESS CITY-ST-ZIP				-S1-ZIP	TiAM F	1 33128	,		
TITLE NAME		☐ Delete	TITL		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
STREET ADDRESS				EE1 ADDRESS '-ST-ZIP				1	
CITY-ST-ZIP		☐ Delete	TIFE				☐ Change	Addition	
NAME		L_1 Delete	NAM				спануе	☐ Addition	
STREET ADDRESS				EET ADDRESS					
CITY-S1-ZIP				-S1-ZIP					
NAME		Delete	TITL				Change	Addition	
STRELT ADDRESS				EU ADDRESS					
CITY-ST-ZIP			CITY	1-51-ZIP					
TITLE		☐ Delete	1111	1			☐ Change	Addition	
NAME *			NAN eta						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (+ST-ZIP					
	I certify that the information supplied wi	th this filing does not qualify fo	_1		ined in Chapter 119	, Florida Statutes.	I further certify that the in	nformation	

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 amnowered 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 their like empowered.

F SIGNING OFFICER OR DIRECTOR