

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90131 011 \*\*\*150.00

<b>DOCUMENT # P04000088466</b>					
<b>1. Entity Name</b> ISLA MARBLE & TILE, CORP					
<b>Principal Place of Business</b> 665 W 28 STREET APT. # 2 HIALEAH, FL 33010 US			<b>Mailing Address</b> 665 W 28 STREET APT. # 2 HIALEAH, FL 33010 US		
<b>2. Principal Place of Business</b> <i>675 W 28 St.</i>			<b>3. Mailing Address</b> <i>675 W. 28 St</i>		
Suite, Apt. #, etc. <i># 4</i>			Suite, Apt. #, etc. <i># 4</i>		
City & State <i>Hialeah FL</i>			City & State <i>Hialeah FL</i>		
Zip <i>33012</i>		Country <i>USA</i>		Zip <i>33012</i>	
Country <i>USA</i>		04012006    Chg-P    CR2E034 (11/05)			
<b>4. FEI Number</b> 20-1215740				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ISLA, EUSEBIO 665 W 28 STREET APT. # 2 HIALEAH, FL 33010			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) <i>675 W. 28 St # 4</i>  City <i>Hialeah</i> <b>FL</b> Zip Code <i>33012</i>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISLA, EUSEBIO 665 W 28 STREET APT. # 2 HIALEAH, FL 33010	<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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>675 W. 28 St # 4</i> <i>Hialeah FL 33010</i>				
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				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4-1-06</i> Daytime Phone # <i>305 884 8032</i>					