2007 FOR PROFIT CORPORATION

Feb 05, 2007 8:00 am Secretary of State ANNUAL REPORT 02-05-2007 90115 011 ***150.00 DOCUMENT # P04000095159 1. Entity Name JORGE'S TILE & MARBLE II, INC. Principal Place of Business Mailing Address 60012366 **2633 23RD STREET 2633 23RD STREET** SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1323674 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VASQUEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) **2633 23RD STREET** SARASOTA, FL 34237 City Zip Code FL 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 Section (VAS 62 / 2) Signature, types or printed name of registered agent and site if applicable 6/-30 -07 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME VASQUEZ, JORGE NAME STREET ADDRESS **2633 23RD STREET** STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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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 eath; 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.

NAME

STREET ADDRESS

CITY - ST- ZIP

STREET ADDRESS

CITY - ST - ZIP