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6/21/2005-90004-009-$150.00-$150.00

FILED
05 OCT 31 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108667

1. Entity Name
DESIGNER TILE & MARBLE, CORP.

Principal Place of Business	Mailing Address
2317 FERN CIRCLE TAMPA, FL 33604	2317 FERN CIRCLE TAMPA, FL 33604

06092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1402611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREDA, JOSE O 2317 FERN CIRCLE TAMPA, FL 33604	Name Street Address (P.O. Box Number Is Not Acceptable) 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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREDA, JOSE O 2317FERN CIRCLE TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JOSE A 2317 FERN CIRCLE TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 05

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: Jose O Pereda 6-9-05 813 962 1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jose O Pereda 10-25-05 8139621362

I RECENTLY RECEIVED A NOTE FROM
YOU SAYING THAT MY LICENCE OR CORR
WAS REVOKE BECAUSE YOU GUY DIDNT HAV
FEI # 20-140-2611 I HAD NOT RECEIVE
NO LETTER OR NOTE BEFORE THIS I
DID MAKE MY PAYMENT OF $150 + $100 LATE FEE
SO IM SENDING A COPY OF THE APPLICATION
WITH THE FEI # ON IT. & IM SIGNING
AGAIN, HOPE YOU SOLVE MY PROBLEM WITH
THIS & EXCUSE ME IF THIS HAS CAUSED
ANY PROBLEM.