

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2006 8:00 am
Secretary of State

05-11-2006 90245 012 ***150.00

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1. Entity Name
DESIGNER TILE & MARBLE, CORP.



Principal Place of Business

**2317 FERN CIRCLE
TAMPA, FL 33604**

Mailing Address

**2317 FERN CIRCLE
TAMPA, FL 33604**

66022155



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**PEREDA, JOSE O
2317 FERN CIRCLE
TAMPA, FL 33604**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREDA, JOSE O
STREET ADDRESS	2317 FERN CIRCLE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VP
NAME	GONZALEZ, JOSE A
STREET ADDRESS	2317 FERN CIRCLE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #