

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000108667

1. Entity Name
DESIGNER TILE & MARBLE, CORP.



FILED

07 JAN -2 AM 9:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
2317 FERN CIRCLE
TAMPA, FL 33604

Mailing Address
2317 FERN CIRCLE
TAMPA, FL 33604

2. Principal Place of Business
5531 Pentail Cir.
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.



12062006 Chg-P CR2E034 (11/05)

City & State
Tampa, FL
Zip
33625

City & State
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

PEREDA, JOSE O
2317 FERN CIRCLE
TAMPA, FL 33604

7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

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 ☐ Delete

TITLE VP
NAME GONZALEZ, JOSE A
STREET ADDRESS 2317 FERN CIRCLE
CITY-ST-ZIP TAMPA, FL 33604 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000082919570
01/02/07--01060--010 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director: Jose O. Pereda Date: 12/06/06 Daytime Phone #: 813-962-1362