## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90838 036 \*\*\*150.00

## **DOCUMENT # P04000124273**



JAVIÉR DAMPIEL TILE & MARBLE INC. 40093089 Principal Place of Business Mailing Address 9313 3RD AVE. 9313 3RD AVE. ATTN: JAVIER DAMPIEL ATTN: JAVIER DAMPIEL ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 57-1213450 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAMPIEL, JAVIER F Street Address (P.O. Box Number is Not Acceptable) 9313 3RD AVE. ORLANDO, FL 32824 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE ☐ Change NAME DAMPIEL, JAVIER F NAME STREET ADDRESS STREET ADDRESS 9313 3RD AVE. CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Defete TITLE Addition Carlos E Blanco 921, E Filmore Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Channe ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

67 321-662-6239.

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ATTN: JAVIER DAMPIEL ATTN: JAVIER D/ ORLANDO, FL 32824 US ORLANDO, FL 3	
DO NOT WRITE IN THIS	04272007 No Chg-P CR2E034 (11/05)
6. Name and Address of Gument Registered Agent DAMPIEL, JAVIER F 9313 3RD AVE. ORLANDO, FL 32824	DO NOT WRITE IN THIS SPACE
SIGNATURE  Spectral warm or princil some of replaced dome. 2 allo if Amphicable.  FILE NOWIII FEE IS \$150.00  9. Election C	TIE. Prepared Apper About the Impaired Apper in the State of Florida. I am familiar with, and accept the Impaired Apper About the Impaired Apper About the Impaired Apper Apper About the Impaired Apper Impaired to Fige
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12. Thereby certify that the information supplied with this filling does not que indicated on this report in supplemental report to true and eccurate any of the corporation for the receive or trustee empowers by a precise that changed, or on an altochment with an address, with all other tike empowers of the company of t	of the exemptions contained in Chapter 118, Florids Statutes, I burier certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director tas required by Chapter 607, Floride Statutes; and that my name appears in Block 10 or Block 11 if