

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000138659

1. Entity Name  
S.V. MARBLES & TILES INSTALLER, INC.



Principal Place of Business  
315 NW 124 ST  
MIAMI, FL 33168

Mailing Address  
315 NW 124 ST  
MIAMI, FL 33168

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1809113	Applied For (Not Applicable)
-----------------------------	---------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

VITTINI, SANTIAGO  
315 NW 124 ST  
MIAMI, FL 33168

**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

*[Handwritten 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 6, 2006**

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

TITLE	P
NAME	VITTINI, SANTIAGO
STREET ADDRESS	315 NW 124 ST
CITY-ST-ZIP	MIAMI, FL 33168

1000000550019  
05/13/06-80042-017 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-786-239-172