## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000165686** 04-25-2005 90255 039 \*\*\*158.75 FELIX MARBLE AND TILE, INC. Principal Place of Business Mailing Address **UUZZVU** 36 WEST MINSTER ST. NORTH 36 WEST MINSTER ST. NORTH LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04142005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 32-0143684 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.\_Name and Address of New Rogistored Agent Name **BUDA, CONNIE** Street Address (P.O. Box Number is Not Acceptable) 36 WEST MINSTER STREET NORTH LEHIGH ACRES, FL 33936 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition Director NAME **BUDA, CONNIE** NAME Albert Haidu STREET ADDRESS 36 WEST MINSTER ST. NORTH STREET ADDRESS 1112 Wesley St. CITY-ST-ZIP LEHIGH ACRES, FL 33936 CITY-ST-ZIP Lehigh Acres, FL 33936 TITLE ☐ Delete TITLE Addition Director BUDA, TEODOR NAME NAME Pavel Gavriela 36 WEST MINSTER ST. NORTH STREET ADDRESS STREET ADDRESS 1112 Wesley ST CITY-ST-7IP LEHIGH ACRES, FL 33936 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME H.L. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change Addition Secretary NAME NAME Claudia Scacian STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 18096 Horseshoe Bay Cir CITY-ST-ZIP Ft. Myers, FL 33912 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

FILED