

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2005 90001 021 \*\*\*150.00  
P04000165753

FILED

05 JUL -8 AM 8:51

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000165753

1. Entity Name  
PALERMO TILE & MARBLE CORP.



Principal Place of Business  
2692-2696 E. ATLANTIC BOULEVARD  
POMPANO BEACH, FL 33062

Mailing Address  
2692-2696 E. ATLANTIC BOULEVARD  
POMPANO BEACH, FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05232005

Chg-P

CR2E034 (10/03)

4. FEI Number

13-4290226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABATE, MARK J  
351 S. CYPRESS ROAD  
SUITE 310  
POMPANO BEACH, FL 33062

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PDS  
BARILLA, DOMENICO  
608 NATURA BOULEVARD  
DEERFIELD BEACH, FL 33441

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPOT  
TERRANA, MICHAEL  
220 S.W. 32ND AVENUE  
DEERFIELD BEACH, FL 33442

☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #