## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000011264

Entity Name: RGB TILE AND MARBLE, INC.

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1010 MADES DR. 5413 NW CROMEY ST

FORT PIERCE, FL 34947 PORT ST LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

1010 MADES DR. 5413 NW CROMEY ST

FORT PIERCE, FL 34947 PORT ST LUCIE, FL 34986 US

FEI Number: 20-3484324 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

1261 E SAMPLE RD

BRUM, RONILDON
5413 NW CROMEY ST

POMPANO BEACH, FL 33064 US PORT ST LUCIE, FL 34986 US

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.

SIGNATURE: RONILDON BRUM 01/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete Title: DPS (X) Change ( ) Addition Name: BRUM, RONILDON Name: BRUM, RONILDON

 Address:
 1010 MADES DR.
 Address:
 5413 NW CROMEY ST

 City-St-Zip:
 FORT PIERCE, FL 34947
 City-St-Zip:
 PORT ST LUCIE, FL 34986 US

Title: D ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 NUNES, JEFERSON R
 Name:
 CARVALHO, MARIA L

 Address:
 208 CALYPSO DR.
 Address:
 523 TIVOLI TRACE

City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: BITTENCOURT, JEFERSON L Name: NUNES, JEFERSON R

Address: 1010 MADES DR. Address: 1010 MADES DR

City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: FORT PIERCE, FL 34947 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONILDON BRUM DPS 01/25/2007

Electronic Signature of Signing Officer or Director

Date