

2006 FOR PROFIT CORPORATION ANNUAL REPORT


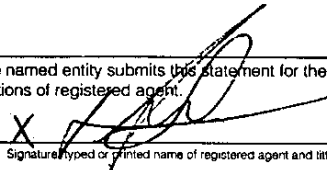
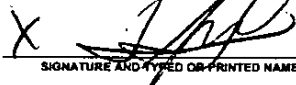
FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90004 024 ***150.00

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08232006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000011447			
1. Entity Name JM MARBLE & TILE, INC.			
Principal Place of Business PO BOX #941306 MAITLAND, FL 32794		Mailing Address PO BOX #941306 MAITLAND, FL 32794	
2. Principal Place of Business 4630 S KIRKMAN RD Suite, Apt. #, etc. # 760 City & State ORLANDO FLORIDA Zip 32811 Country USA		3. Mailing Address 4630 S KIRKMAN RD Suite, Apt. #, etc. # 760 City & State ORLANDO FLORIDA Zip 32811 Country USA	
4. FEL Number 20-2190672		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, JAVIER A 2814 GREENLEAF DRIVE ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name JAVIER A MORALES Street Address (P.O. Box Number is Not Acceptable) 4630 S KIRKMAN RD # 760 City ORLANDO FL Zip Code 32811	
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: X  DATE 08/23/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORALES, JAVIER A 2814 GREENLEAF DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORALES JAVIER A 4630 S. KIRKMAN RD # 760 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X 		DATE 08/23/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	