

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000012212 1. Entity Name ADOLFO MARBLE AND TILE INSTALLATION, INC.	
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Principal Place of Business 530 NW 30 PL. MIAMI, FL 33125	Mailing Address 530 NW 30 PL. MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**



03172007 No Chg-P CR2E034 (11/05)

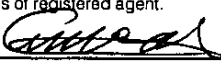
4. FEI Number 20-2233309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORALES, ADOLFO  
530 NW 30 PL.  
MIAMI, FL 33125

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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:  DATE: 3/28/7

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORALES, ADOLFO 530 NW 30 PL. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORALES, RAICHOL 530 NW 30 PL. MIAMI, FL 33125
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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:  DATE: 3/28/7 DAYTIME PHONE #: 305-2815427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #