

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000043470

1. Entity Name
JOSHKIM TILE MARBLE, INC



Principal Place of Business
**1000 DOGWOOD RD
WEST PALM BEACH, FL 33409**

Mailing Address
**1000 DOGWOOD RD
WEST PALM BEACH, FL 33409**



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2506097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GVS ENTERPRISE SERVICE CORP.
834 W LANTANA RD
LANTANA, FL, FL 33462**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PS RAMOS, JOSE Y 1000 DOGWOOD RD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT URBINA, TERESA Y 1000 DOGWOOD RD WEST PALM BEACH, FL 33409
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05/22/08-80026-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PS

04/27/08

Date

561-6895437

Daytime Phone #