

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000076008**

1. Entity Name  
**CHIRINOS MARBLE & TILE, INC**



|  |  |
|--|--|
| Principal Place of Business<br><b>6700 CYPRESS ROAD<br/>         107<br/>         PLANTATION, FL 33317</b> | Mailing Address<br><b>6700 CYPRESS ROAD<br/>         107<br/>         PLANTATION, FL 33317</b> |
|--|--|



08072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>13-4301093</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**CHIRINOS, DANIEL  
 6700 CYPRESS ROAD  
 107  
 PLANTATION, FL 33317**

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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: **8/2/07.**

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  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CHIRINOS, DANIEL<br/>6700 CYPRESS ROAD APT 107<br/>PLANTATION, FL 33317</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000772525  
 08/22/07-80001-019 150.00

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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 my address, with all other like empowered.

SIGNATURE:  DATE: **8/2/07.**

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