

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 007 ***158.75

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03072006 Chg-P CR2E034 (11/05)

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|--|--|--|---|--|---|
| DOCUMENT # P05000163083 | | | |  | |
| 1. Entity Name LCIS TILE & MARBLE CORP | | | | | |
| Principal Place of Business 1753 NW 18 STREET MIAMI, FL 33125 | | Mailing Address 1753 NW 18 STREET MIAMI, FL 33125 | | | |
| 2. Principal Place of Business 12361 SW 252 TR Suite, Apt. #, etc. | | 3. Mailing Address 12361 SW 252 TR Suite, Apt. #, etc. | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEJ Number 20-3950997 | |
| Zip 33032 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAMARGO, LUCILA B 1753 NW 18 STREET MIAMI, FL 33125 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 12361 SW 252 TR | | |
| | | | City MIAMI Homestead | | |
| | | | City FL Zip Code 33032 | | |
| 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: <i>Lucila Camargo</i> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CAMARGO, LUCILA B 1753 NW 18 STREET MIAMI, FL 33125 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 12361 SW 252 TR MIAMI FL 33032 <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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| 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: <i>Lucila Camargo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 03/10/06 Date | |
| | | | | Daytime Phone # | |