

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90087 037 ***150.00

DOCUMENT # P06000066135 1. Entity Name TILE MARBLE GRANITE INVESTMENTS, INC			
Principal Place of Business 3361 SW 44TH STREET FORT LAUDERDALE, FL 33312 US		Mailing Address 3361 SW 44TH STREET FORT LAUDERDALE, FL 33312 US	
2. Principal Place of Business - No P.O. Box # 915 N. OCEAN DRIVE Suite, Apt. #, etc. 104		3. Mailing Address 915 N. OCEAN DRIVE Suite, Apt. #, etc. 104	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33019 Country USA		Zip 33019 Country USA	
4. FEI Number 20-4856488		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 LAPOLLA, DENISE 3361 SW 44TH STREET FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name: PETER MEISEN Street Address (P.O. Box Number is Not Acceptable) 915 N. OCEAN DRIVE #104 City HOLLYWOOD FL Zip Code 33019	
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: <u><i>Peter J. Meisen</i></u> Peter J. Meisen 04/30/07 DATE: _____ <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 After May 1, 2007 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	PD MEISEN, PETER 3361 SW 44TH STREET FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 915 N. OCEAN DRIVE STE 104 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Peter J. Meisen</i></u> Peter J. Meisen 04/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			