## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2008 08:00 AM Secretary of State

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DOCUMENT # P06000078139  1. Entity Name Y R TILE & MARBLE, CORP.			Secretary of St	
Principal Place 1600 SW 12 MIAMI, FL 3	7 CT.	Mailing Address P.O. BOX 330885 MIAMI, FL 33233 US		
	• ,	,		
DO NOT WRITE IN THIS SPACE			CE	03312008 No Chg-P CR2E034 (11/05)  4. FEI Number 20-4999517 Applied For Not Applicab  5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent		•
RAMIREZ, YANEL 1600 SW 127 CT MIAMI, FL 33175				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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE YAVEL  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating)  DATE				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIRE	9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be ded to Fees
10.	P/D	.01013	1	
NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ, YANEL 1600 SW 127 CT. MIAMI, FL 33175		:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000877046 04/11/08-80096-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-2iP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				•
NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.				

DE LOS PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

Date

Daytirne Phone #