2008 FOR PROFIT CORPORATION

FILED Mar 12, 2008 08:00 A **ANNUAL REPORT** Secretary of State **DOCUMENT # P06000081835** 1. Entity Name MINKY'S MARBLE & TILE INC Mailing Address Principal Place of Business 8118 VILLAGE GATE COURT 8118 VILLAGE GATE COURT JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 CR2E034 (11/05) 03082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5051153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CORDIC, ZEKRIJA DO NOT WRITE 8118 VILLAGE GATE COURT JACKSONVILLE, FL 32217 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 edistered agent. 3-8-08 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be <u> Ų</u>QOQQQ0854768 Trust Fund Contribution. Added to Fees 03/27/08-80022-011 150.00 OFFICERS AND DIRECTORS 10. TITLE CORDIC, ZEKRIJA NAME STREET ADDRESS 8118 VILLAGE GATE COURT JACKSONVILLE, FL 32217 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #