

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083079

FILED
Jun 08, 2009
Secretary of State

Entity Name: ACROPOLIS MARBLE AND TILE INC.

Current Principal Place of Business:

1839 FUNSTON ST.
#4
HOLLYWOOD, FL 33020 US

Current Mailing Address:

1839 FUNSTON ST.
#4
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

1005 NE 10 STREET
#1
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

1005 NE 10 STREET
#1
HALLANDALE BEACH, FL 33009 US

FEI Number: 20-8201229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IORDACHE, PANAIT
1839 FUNSTON ST.
#4
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

IORDACHE, PANAIT
1005 NE 10 STREET
#1
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: PANAIT IORDACHE

06/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IORDACHE, PANAIT
Address: 1839 FUNSTON ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IORDACHE, PANAIT
Address: 1005 NE 10 STREET #1
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: D () Change (X) Addition
Name: VICTORIA, TIMIS
Address: 1005 NE 10 STREET # 1
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA TIMIS

D

06/08/2009

Electronic Signature of Signing Officer or Director

Date