


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90028 011 ***150.00

DOCUMENT # P07000037775

1. Entity Name
EDDY JR TILE & MARBLE, CORP



Principal Place of Business Mailing Address
7425 WYNNEWOOD SQUARE **7425 WYNNEWOOD SQUARE**
WINTER PARK, FL 32792 US **WINTER PARK, FL 32792 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
13542 SW 64 LN. **13542 SW 64 LN.**

City & State City & State
Miami, FL. **Miami, FL**

Zip Country Zip Country
33183. **DADE.** **33183.** **DADE.**



07102008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-8715124. Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARCIA, ISIS
7425 WYNNEWOOD SQUARE
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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:  DATE: **07/10/2008.**

Signature, name, and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

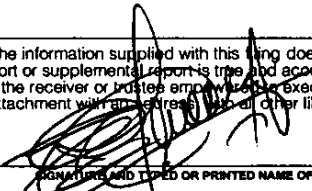
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMIZO, EDUARDO R	
STREET ADDRESS	7425 WYNNEWOOD SQUARE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	CHAMIZO, EDUARDO R	<input type="checkbox"/> Delete
NAME	13542 SW 64 LN	
STREET ADDRESS	Miami FL 33183.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or other like empowered.

SIGNATURE:  DATE: **07/10/2008** DAYTIME PHONE #: **786-486-2197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR