2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000012843

1. Entity Name
THE ITALIAN TERRAZZO & MOSSAIC CO., INC.

Principal Place of Business	Mailing Address
610 NW 7TH AVENUE	610 NW 7TH AVENUE
FORT LAUDERDALE, FL 33311	FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

04202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0385009	Not Applicable

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

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6. Name and Address of Current Registered Agent

CARLSON, ARNE B
2826 EAST OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE, FL 33306

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

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10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	ADAMS, SEAL
STREET ADDRESS	4889 NW 8TH CT..
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/21/08-80063-005 150.00

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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: Seal. W. Adams SEAL W. ADAMS   April 25,08   954-292-2408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #