## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # P9400048890  1. Entity Name ROLANDO MARBLE & TILE, CORP.					01-27-2006 90034 025 ***150.00				
Principal Place	e of Business	Mailing Address			]			•	
1221 RUTLAND ST OPA LOCKA, FL 33054		1221 RUTLAND ST OPA LOCKA, FL 33054							
						TAR BURK CORL BOWL		L CERRO CORRE	<b>Le</b> r II i <b>a i</b> i
2. Principal Place of Business		3. Mailing Address		]					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Number 65-0501			<del></del>	plied For Applicable
Zip	Country	Zip	Zip Country		<del></del>	f Status Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent		·	L			ee Required	<del></del>
C. Hally and Address of Cartain Hogistates Again				7. Name and Address of New Registered Agent Name					
DOMINGUEZ, ROLANDO A 1221 RUTLAND ST OPA LOCKA, EL 33054			}	Street Address (P.O. Box Number is Not Acceptable)					
OPA LOCKA, FL 33054			Ī						
				City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of	Florida. I am ia	amiliar with,	and accept
,SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	; Registered	d Agent signature require	d when reinstating)		DATE		
FIL ' After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaid Trust Fund Contr			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
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NAME	1		NAME	1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE	VD	☐ Delete	TITLE					☐ Change	Addition
NAME	DOMINGUEZ, ROLANDO JR	2000	NAME	l l				CT pure åe	
STREET ADDRESS	1221 RUTLAND ST			ET ADDRESS					
CITY-ST-ZIP	OPA LOCKA, FL 33054		-ŧ	-ST-ZIP					
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I nereby 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 36 2 - 9/39

Dayline Phone #