2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000012881

1. Entity Name
TUSCANY STONE SURFACES, INC.



FILED Jan 16, 2007 08:00 AN Secretary of State

Fee Required

Principal Place of Business

7975 WEST 20TH AVENUE HIALEAH, FL 33014-3229 US Mailing Address

7975 WEST 20TH AVENUE HIALEAH, FL 33014-3229 US



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ZIMMERMAN, HOWARD 7975 W 20TH AVE HIALEAH, FL 33014

SIGNATURE: _

DO NOT WRITE 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 registered agent. | | | | | |
|---|--|---|--|--------------------------------|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable 0/OTE Registered Agent signature required when reinstaine) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | Election Campaign Financia Trust Fund Contribution. | | \$5.00 May Be Added to Fees | U00000586104 01/16/07-80039-018 150.00 |
| 16. ÖFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZIMMERMAN, LEE 7975 W. 20TH AVE. HIALEAH, FL 33014 | • | | - | * |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POLVANI, GUISEPPE 7975 W 20H AVE HIALEAH, FL 33014 | | | | · |
| INTLE NAME STREET ADDRESS CITY+ST-ZIP | S ZIMMERMAN, HOWARD 7875 W. 20TH AVE, HIALEAH, FL 33014 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN " | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| RILE NAME STREET ADDRESS CITY: ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 firustipe 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 attackment with an address, with all other like empowered. | | | | | |

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR