2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 29, 2004 08:00 AM Secretary of State

	AMINOAL N	EFORI	. <u> </u>	- gaster P
1. Entity Nam	MENT # P9600007583 K & TILE, INC.	3		Secretary of State
Principal Place	e of Business N	ailing Address		
540 SE 2ND		40 SE 2ND AVE #11		
DEERFIELD E	BEACH, FL 33441)EERFIELD BEACH, FL 33441		
-				04262004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For
				65-0690069 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional
		 	<u> </u>	Fee Required
	6. Name and Address of Current Regis	stered Agent	}	
RRETAS (OSVALDO			DO MOT WOITE
BRETAS, OSVALDO 540 SE 2ND AVE #J1				DO NOT WRITE
DEERFIELD BEACH, FL 33441				IN THIS SPACE
				IN I DIS SPACE
			at-recipiones a	
				Control of the Contro
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.				
The database of regional and against the second sec				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
	Signature, typed or printed name of registered agent and title	R apprication (NOTE: Registers	d Agent signature required	1 wifer remislating)
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be U00000139798 04/29/04-80130-022 150.00
10.	OFFICERS AND DIRE	CTORS	T	
TITLE	D		1	
NAME	BRETAS, OSVALDO		l .	
STREET ADDRESS	540 SE 2ND AVE #J1	•	1	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			
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NAME				
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TITLE NAME			1	IN THIS SPACE
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TITLE				
NAME			1	
STREET ADDRESS			1	
CITY-SI-ZIP	4-9-5	<u>s a rojange na rojang</u>	<u>l</u>	eng yang dan gang da
12. I heroby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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				
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, of on an arrachment with an address, with an direct me empowered.				
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