2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000098161

1. Entity Name K.C. TILES & MARBLE, INC.

Principal Place of Business

3900 ARNOLD AVE. NAPLES, FL 34104 Mailing Address 3900 ARNOLD AVE. NAPLES, FL 34104

FILED Aug 09, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0712052 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytona Phone #

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARIO 3799 WHITE BLVD. NAPLES, FL 34117

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 [NOTE Registered Agent signature required when reinstating) OATE					
			9. Election Campaign Financing Trust Fund Contribution.		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIF	RECTORS		 	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP TRUJILLO, JOEL 191 1ST STREET SW NAPLES, FL 34117				000000169753 08/09/04-80009-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARIO 3799 WHITE BLVD. NAPLES, FL 34117				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 cath, 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.					

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR