## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # P97000022376  1. Entity Name GT STONE, MARBLE & TILE, CORP.							04-12-200	•	007 ***1	.50.00
Principal Place of Business 14952 SW 89TH ST. MIAMI, FL 33196			Mailing Address 14952 SW 89TH ST. MIAMI, FL 33196	14952 SW 89TH ST.						Mari II iani
2. Principal Place of Business 2371 NW 97 LANE Suite, Apt. #, etc.			3. Malling Address  2371 NW 9 Suite, Apt. #, etc.	2371 NW 97 LANE			Chg-P	(#) ##IJZ ((BIB III	34 (10/03)	
City & State CORAL SPRINGS			City & State CORAL SPR	City & State CORAL SPRINGS			Der 35644			pplied For at Applicable
	33065 — U.S.A.		33065	Country U.S.A.			e of Status Desired	<u> </u>	88.75 Add ee Require	
6. Name and Address of Current Registered Agent BOZANO, MARIA T 14952 SW 89TH ST. MIAMI, FL 33196					Street Address	7. Name and Address of New Registered Agent  BOZANO , MARIA T  ddress (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement of 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 types of printed ratino of registered agent and title inapplicable. (NOTE: Registered Agent signature required when reinstalling)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	GUILLERMO / 89TH ST.	ND DIRECTORS		ET ADDRESS 23	ADDITIONS 371 NW DRAL SPI		3306	Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14952 SW 89TH ST. MIAMI, FL 33196				ET ADDRESS 23		97 LANE RINGS FL			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	_ Delete		- ;				☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				•		Change .	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			□ Delete	CITY-	ET ADDRESS ST-ZIP				☐ Change	Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF EIGHNING OFFICER OR DIRECTOR SECRETARY Date Daylima Phone #										