

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000035404																																										
1. Entity Name A AND A TILE & MARBLE, CORP.																																										
Principal Place of Business 2380 PALM AVE. HIALEAH, FL 33010		Mailing Address 2380 PALM AVE. HIALEAH, FL 33010																																								
DO NOT WRITE IN THIS SPACE																																										
8. Name and Address of Current Registered Agent ACOSTA, FRANCISCO M 2380 PALM AVE. HIALEAH, FL 33010		 04142005 No Chg P CR2E094 (10/03) 4. FEI Number 65-0745313 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable																																								
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9. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>ACOSTA, FRANCISCO M</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2380 PALM AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33010</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PD	NAME	ACOSTA, FRANCISCO M	STREET ADDRESS	2380 PALM AVE.	CITY-ST-ZIP	HIALEAH, FL 33010	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE UN00000348050 05/02/05 08:00:00 AM
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Francisco M. Acosta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/14/05 (305) 884-2525 Date Daytime Phone #																																								