

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000002823

Entity Name
VERSATILE TILE & MARBLE, INC.



Principal Place of Business
**1112 WESTON ROAD
#250
FT. LAUDERDALE, FL 33326**

Mailing Address
**1112 WESTON ROAD
#250
FT. LAUDERDALE, FL 33326**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0809545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COCOZZA, MICHAEL
1112 WESTON ROAD STE 250
FT. LAUDERDALE, FL 33326**

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IN THIS SPACE**

I, 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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000397982
01/30/06-80074-014 150.00**

OFFICERS AND DIRECTORS

NAME	PD COCOZZA, MICHAEL
HOME ADDRESS	16813 PATIO VILLAGE LANE WESTON, FL 33326
WORK ADDRESS	
MAILING ADDRESS	
TELEPHONE	
TELEPHONE	
TELEPHONE	
TELEPHONE	
TELEPHONE	
TELEPHONE	
TELEPHONE	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing 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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 18 06 58 663/581