2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2007 8:00 am Secretary of State **DOCUMENT # P98000065368** 1. Entity Name 04-20-2007 90096 002 ***150.00 VINTAGE TILE AND MARBLE, INC. Principal Place of Business Mailing Address 5799 SW 25TH STREET 5799 SW 25TH STREET HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0852869 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent leresa SALEMI, FRANCESCO Street Address (P.O. Box Number is Not 7 4934 N. 33RD CT. HOLLYWOOD, FL 33021 Zip Code 33023 8. The above named entity submits this states ent for the purpose of Changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE NOTE: Registered Agent algoriture required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. President Change TITLE ☐ Delete TITLE ☐ Addition Salemi, Francesco SALEMI, FRANCESCO NAME NAME STREET ADDRESS 901 WASHINGTON ST STREET ADDRESS 4934 N. 33Rd Court HOLLYWOOD, FL 33019 CITY ST 7IP CITY-ST-ZIP Hollyword. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED