

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000090862**

1. Entity Name  
MIOTTO 2000 TILE & MARBLE WORKS, INC.



Principal Place of Business  
926 26TH STREET  
WEST PALM BEACH, FL 33407

Mailing Address  
926 26TH STREET  
WEST PALM BEACH, FL 33407

**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0879406

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PETERS, RUTH  
926 2TH STREET  
WEST PALM BEACH, FL 33407

**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 reappointing)

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

000000135057  
04/28/04-80045-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETERS, RUTH
STREET ADDRESS	926 26TH STREET
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	ZOLLO, CHRISTOPHER L
STREET ADDRESS	926 26TH STREET
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	ANDERSON, DAVID T
STREET ADDRESS	926 26TH STREET
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: David T. Anderson Sec/Treas 04/26/04 561-832-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #