

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90132 029 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000005436					
1. Entity Name JLM MARBLE & TILE, CORP.					
Principal Place of Business 106 SUFFOLK DR ROYAL PALM BEACH, FL 33411			Mailing Address 106 SUFFOLK DR ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business 10464 Trianon Place Suite, Apt. #, etc.			3. Mailing Address 10464 Trianon Place Suite, Apt. #, etc.		
City & State Wellington, FL Zip 33467 Country Palm Beach			City & State Wellington FL Zip 33467 Country Palm Beach		
4. FEI Number 65-0893061			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 LUIZ MARCO, JOAO 106 SUFFOLK DR ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name LUIZ MARCO, JOAO Street Address (P.O. Box Number is Not Acceptable) 10464 Trianon Place. City Wellington FL Zip Code 33467		
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 DATE 04/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD LUIZ MARCO, JOAO 106 SUFFOLK DR ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD LUIZ MARCO JOAO. 10464 Trianon Place Wellington, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCO, GLORIA A 106 SUFFOLK DR ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCO, GLORIA A. 10464 Trianon Place Wellington, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		President. 04/10/06. 961-351-1870. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			