2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

| DOCUMENT # P9900005436 | | | | | 04-16-2007 90071 017 ***158.75 | | | | | |
|---|---|--|-------------------------------|---------------------|--------------------------------|------------------------|------------|---------------------------|---------------------------|--|
| 1. Entity Name JLM MARBLE & TILE, CORP. | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | \ | | , , | 0.00 | | | | |
| 10464 TRIANON PL LAKE WORTH, FL 33467 | | 10464 TRIANON PL LAKE WORTH, FL 33467 | | | 4006 | 2360 | | | | |
| | Vace of Business - No P.O. Box # UFFOLK DRIVE | 3. Mailing Address 106 SUFFOLK DRIVE | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | · | 04102007 | Chg-P | CR2E | 034 (12/06) | | |
| City & State ROYAL PALM BEACH, FL | | ŘďÝŘĽ ^{to} PAL BEACH, FL | | | 4. FEI Numb 65-089 | | | | plied For t Applicable | |
| Zip 33411 | | | Country PALM BEAC | H | 5. Certificate | of Status Desired | ХХ | \$8.75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New F | Registered | Agent | | |
| LUIZ MARCO, JOAO | | | | LUIZ MARCO JOAO | | | | | | |
| | Street A | ddress (| P.O. Box Numb | er is Not Acceptabl | e) | | | | | |
| LAKE WORTH, FL 33467 | | | | 106 CHEROLY DRIVE | | | | | | |
| | | | | 106 SUFFOLK DRIVE | | | | | | |
| C | | | | ROYAL PALM BEACH | | | | | | |
| The above the obligat | named entity submits this statement to ions of registered agent. | r the purpose of changing its r | egistered office of | register | ed agent, or bo | th, in the State of Fl | orida. Lam | familiar with, | and accept | |
| | hu 2 | | | | | 04 | /13/20 | 107 | | |
| SIGNATURE. | Signature, I bed or brinted Jame of registered agent. | and Ide Rapplicable (NOTE | Registered Agent signat | ure required | when reinstaling) | | DATE | | | |
| | | | · - - | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contril | | \$5 . Add | 00 May Be ed to Fees | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | FICERS AND | DIRECTORS | S IN 11 | |
| TITLE | PVTD | ☐ Delete | TITLE | PVT | | | | ☐ Change | Addition | |
| NAME | LUIŻ MARCO, JOAO | | NAME | ĻŲĮ | Ž MARCO, SUFFOLK | JOAO | | _ | | |
| STREET ADDRESS CITY-ST-ZIP | 10464 TRIANON PL LAKE WORTH, FL 33467 | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| | SD | По | | KOY. | AL PALM | BEACH, FL | _33411 | | | |
| TITLE NAME | MARCO, GLORIA A | ☐ Delete | THLE | SD | 70 CT 00 | T 4 A | | ☐ Change | Addition | |
| STREET ADDRESS | 10464 TRIANON PL | | STREET ADDRESS | | CO, GLOR SUFFOLK | | | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY - ST - ZIP | ROY | AL PALM | BEACH FL. | 33411 | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME CONFET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY+ST_ZIP | | | | | | | |
| THTLE | | ☐ Delete | THILE | ļ— | | | _ | ☐ Change | Addition | |
| NAME | | | NAME | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-SI-ZIP | <u> </u> | | CITY-ST-ZIP | | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |

12. I hereby certify that the information sypplied 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 abcurate 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 it changed, or on an attachment within address, with all other like empowered.

PRESTDENT. 07/13/2007. 541, 251, 1970.

SIGNATURE:

PRESIDENT , SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/2007

561-351-1870

Date Daytime Phone #