## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000005436**

1. Entity Name

JLM MARBLE & TILE, CORP.

Principal Place of Business 106 SUFFOLK DRIVE

ROYAL PALM BEACH, FL 33411

Mailing Address

106 SUFFOLK DRIVE

ROYAL PALM BEACH, FL 33411

## **FILED** Apr 30, 2008 08:00 AN Secretary of State



04022008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0893061

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

|   | a. Haine and wanters of contain reflix                                      | resea whenr |               | ., , ,,     | ; ;; ** ** ** ** ;; ; ; * * * * * * ; ;; ; |          |  |
|---|---|-------------|---------------|-------------|--|----------|--|
| LUIZ MARCO, JOAO<br>106 SUFFOLK DRIVE<br>ROYAL PALM BEACH, FL 33411   |   |             |               | IN THIS     | T WRITE<br>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 renstating)  DATE |   |             |               |             |  |          |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.  |   |             | cing \$5.00 N |             |  |          |  |
| 10.   | OFFICERS AND DIREC  | TORS        | 18            | 3.77335.577 |  |          |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP  | PVTD<br>LUIZ MARCO, JOAO<br>106 SUFFOLK DRIVE<br>ROYAL PALM BEACH, FL 33411 |             |               | 05/2        | 00000938259<br>7708-80082-02               | 1 158.75 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MARCO, GLORIA A<br>106 SUFFOLK DRIVE<br>ROYAL PALM BEACH, FL 33411    | •           |               |             |  |          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             |               | DO NO       | r write                                    |          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             |               | IN THIS     | SPACE                                      |          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             |               | ٤           |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS   |   |             |               |             |  |          |  |

12. Thereby 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 path; that I am an officer or director of the corporation or the receiver of tustee 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:

CITY-ST-ZIP

JOAO L. MARCO, President 04/02/08

(561)351-1870