


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000010416	
1. Entity Name L.A. TILE & MARBLE INCORPORATED	

Principal Place of Business 1305 WALLWOOD DRIVE BRANDON, FL 33510 US	Mailing Address 1305 WALLWOOD DRIVE BRANDON, FL 33510 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3556983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACOSTA, LOURDES
1305 WALLWOOD DR
BRANDON, FL 33510**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	NAME ACOSTA, LOURDES
STREET ADDRESS 1305 WALLWOOD DRIVE	
CITY-ST-ZIP TAMPA, FL 33605	
TITLE D	NAME ACOSTA, LAZARO
STREET ADDRESS 1305 WALLWOOD DRIVE	
CITY-ST-ZIP TAMPA, FL 33605	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/08-80006-020 158.75

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: L. Acosta Lourdes Acosta 4/10/08 813-477-8254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #