2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P99000074835** 04-29-2004 90318 022 ***150.00 F.M. MARBLE AND TILE, INC. Principal Place of Business Mailing Address 1100 S.W. 30TH AVE. 1100 S.W. 30TH AVE. MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address 31) Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0943547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMBROGI, GUILHERME ----Street Address (P.O. Box Number is Not Acceptable) 1100 S.W. 30TH AVE. MIAMI, FL 33135 Zip Code FL 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 04-26-04 SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change Addition NAME AMBROGI, GUILLERMO S NAME 1100 S.W. 30TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C#TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 employered 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 in all other like empowered. SIGNATURE:

FILED