


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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| DOCUMENT # S77606 1. Entity Name GIRALDO MARBLE & TILE, INC. |  |
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| Principal Place of Business 14641 S.W. 162ND STREET MIAMI, FL 33177 | Mailing Address 14641 S.W. 162ND STREET MIAMI, FL 33177 |
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-0288940 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GIRALDO, JOSE N. 14641 S.W. 162ND STREET MIAMI, FL 33177 | DO NOT WRITE IN THIS SPACE |
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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 re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | PD GIRALDO, JOSE N 14641 S.W. 162ND ST. MIAMI, FL 33177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GIRALDO, JOSE O 16216 SW 304 TERRACE HOMESTEAD, FL 33033 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD GIRALDO, JOSE E %14641 S.W. 162ND STREET MIAMI, FL 33177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose N. Giraldo President 02-11-2005 (305 232 8426)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #