


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90392 016 \*\*\*150.00

<b>DOCUMENT # S87547</b> 1. Entity Name <b>L.M.C. TILE &amp; MARBLE, INC.</b>																																																					
Principal Place of Business <b>3003 NW 50 ST</b> <b>COCONUT CREEK, FL 33073</b>			Mailing Address <b>3003 NW 50 ST</b> <b>COCONUT CREEK, FL 33073</b>																																																		
2. Principal Place of Business <b>3223 Wilson Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>3223 Wilson Street</b> Suite, Apt. #, etc.																																																			
City & State <b>Hollywood FL</b> Zip <b>33021</b>		City & State <b>Hollywood FL</b> Zip <b>33021</b>		4. FEI Number <b>65-0291505</b>																																																	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  <b>CACCHILLO, LOUIS</b> <b>3903 NW 50 ST</b> <b>POMPANO BCH, FL 33073</b>				7. Name and Address of New Registered Agent Name <b>Louis Cacchillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>3223 Wilson Street</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>																																																	
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 reinstating) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D</b>  <b>CACCHILLO, LOUIS</b>  <b>3903 N.W. 50TH STREET</b>  <b>COCONUT CREEK, FL</b> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CACCHILLO, LOUIS</b> <b>3903 N.W. 50TH STREET</b> <b>COCONUT CREEK, FL</b>	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>Director / President</b>  <b>Louis Cacchillo</b>  <b>3223 Wilson Street</b>  <b>Hollywood FL 33021</b> </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director / President</b> <b>Louis Cacchillo</b> <b>3223 Wilson Street</b> <b>Hollywood FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CACCHILLO, LOUIS</b> <b>3903 N.W. 50TH STREET</b> <b>COCONUT CREEK, FL</b>	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director / President</b> <b>Louis Cacchillo</b> <b>3223 Wilson Street</b> <b>Hollywood FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																			
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: <u>Louis Cacchillo</u> <b>Louis Cacchillo, President</b> 4/25/06 954-649-8742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					