

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 212220

1. Entity Name
CUSTOMCRAFT MARBLE & STONE CO., INC.



Principal Place of Business
**7975 N.W. 54 ST.
MIAMI, FL 33166**

Mailing Address
**7975 N.W. 54 ST.
MIAMI, FL 33166**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0836534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUSSO & BAKER, P.A.
2655 LEJUNE RD., STE. #201
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRAINA, GERLANDO
STREET ADDRESS	9755 NW 52ST, APT #120
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	DEMPSEY, MARIE T.
STREET ADDRESS	1134 SHADY LN DR
CITY-ST-ZIP	ORLANDO, FL 33804
TITLE	VPD
NAME	SCHULTE, DANIEL
STREET ADDRESS	13756 NW 21 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000530291
05/05/06-80110-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Gerlando Traina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2006
DATE

Daytime Phone #