JUN-09-2003 13:30 FROM-RUSSO & BAKER PA 3054

JUN-09-2003 MON 10:16 AM CUSTOM CRAFT MARBLE

FILED
Jun 11, 2003 8:00 am
Secretary of State
04-30-2003 90142 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 20

DOCUMENT # 212220

1. Entity Name

CUSTOM CRAFT MARBLE & STONE CO., INC.

DO NOT WRITE IN THIS SPACE

55047541

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2. Principal Place of Business	3. Mailing Address
7875 N.W. 64 St. Suite, Apt. #, etc.	7875 N.W. 64 St. Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 County: DADE	Zip: 33166 County: DADE

4. FEI Number: 59-0838534 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RUSSO & BAKER, P.A.

Street Address (P.O. Box Number is Not Acceptable):

2655 LEJUNE Rd., STE #201

City: CORAL GABLES, FL Zip Code: 33134

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] DATE: 6/9/03

January 1 - May 1 Fee is $138.75
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: TRAINA, GERLANDO STREET ADDRESS: 9758 NW. 62 St.,#120., Miami, FL 33178 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE-PRESIDENT NAME: SCHULTE, DANIEL STREET ADDRESS: 13756 NW. 21 St.,Pembroke Pines, FL 33028 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR NAME: MARIE DEMPSEY STREET ADDRESS: 1134 Shady Lane Dr.,Orlando, FL 32804 CITY-ST-ZIP:	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

11. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/03 GERLANDO TRAINA

President

305-595-3423