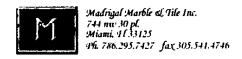
2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000027767 FILED. MADRIGAL MARBLE & TILE, INC. 2006 OCT 10 AM 9: 04 SECRETAR TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address MADRIGAL MARBLE & TITLE, INC. 744 NW 30TH PLACE HOUSE HOUSE MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 36-4491288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MADRIGAL, OSCAR Street Address (P.O. Box Number is Not Acceptable) 744 NW 30 PL MIAMI, FL 33125 City 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 the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 15, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE ☐ Delete TITLE Change ☐ Addition MADRIGAL, OSCAR NAME NAME 700080693157 STREET ADDRESS 744 NW 30 PL STREET ADDRESS 10/10/06--01068--008 **158.00 CITY-ST-2iP MIAMI, FL 33125 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. It 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.

Msc loh





October 5, 2006

Dear Sir or Madam:

This letter is in regard of the provision for waiver of the \$400 late fee. My annual report notice was not received at the mailing address stated in my form. 744 nw 30 pl. I mailed my check before the date line. 9/11/06 to be exact, which I thought was going to be all the things necessary I had to do since I didn't receive the report. Them I called to the phone number offered in the form and spoke with Michel (Supervisor at the reinstatement sector) She told me to send this letter so I could waive the fee. There's really no reason for me not to send the check with out the form, since I would have to waste money paying the fee. Please feel free to contact me at 786.295.2752 for any questions or information you have in my case.

Sincerely,

Oscar E Madigal.
Oscar Madrigal
President.