

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035275

FILED
Apr 03, 2009
Secretary of State

Entity Name: WHOLESALE MARBLE AND GRANITE TOPS, INC.

Current Principal Place of Business:

4900 LYONS TECHNOLOGY PARKWAY
SUITE 7
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4900 LYONS TECHNOLOGY PARKWAY
SUITE 7
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 02-0570743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCCI, MICHAEL
4900 LYONS TECHNOLOGY PARKWAY
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

LUCCI, MICHAEL C DPS
4900 LYONS TECHNOLOGY PARKWAY
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: MICHAEL LUCCI

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LUCCI, MICHAEL
Address: 4955 NW 119TH TERR
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LUCCI, MICHAEL C DPS
Address: 4900 LYONS TECHNOLOGY PARKWAY SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LUCCI

DPS

04/03/2009

Electronic Signature of Signing Officer or Director

Date