ANNUAL_REPORT (AR) DOCUMENT # 539282 I. Entity Name BEAUTY WITH MARBLE, INC.					FILED Mar 11, 2005 08:00 AN Secretary of State
1591 N. PO	ce of Business WERLINE ROAD BEACH FL 33069-8620	Mailing Address 1591 N. POWERLINE I POMPANO BEACH FL	ROAD . 33069-6	3620	1
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					1st MOORE CR2E034 (10/04)
City & State		City & State		····	4. FEI Number 59-1751122 Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired Status Desired Fee Required
6. Name and <u>Ad</u> dress of Current Registered Agent					7. Name and Address of New Registered Agent
BARTOLO IRAINA 5525 NW 57TH WAY CORAL SPRINGS FL 33067				Name Street Address (I	P.O. Box Number is Not Acceptable)
				City	FL Zip Code
		for the purpose of changing its	registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registored age		E Registered	Agent signature (equired	t when reinsidung) DATE
After Make Chec	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department	of State		<u> </u>	9. Election Campargn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. 1111£	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
NAME Street address City - St-Zip	TRAINA, BARTOLO 5525 NW 57TH WAY CORAL SPRINGS FL		•	I ADORESS ST-ZIP	
TITLE NAME STREEF ADDRESS CITY - ST - ZIP	SD TRAINA, JOSEPHINE 5525 NW 57TH WAY CORAL SPRINGS FL	Delete		1	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAINA, GENO A 228 S E 9TH AVE APT 3 POMPANO BEACH FL	🗋 Delete		T ADDRESS ST- ZIP	Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - 219		Delete		T ADDRESS ST- ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		I ADDRESS S1 ZIP	Change 🗍 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME	TADDRESS	Change Addition
of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	powered to execute this report	as require	nption stated in Sec ire shall have the s ad by Chapter 607	ction 119 07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT		TRIN LED WALLE OF SIGNING OFFICER	ARTO	OLO TR	HINA 3.9.05 954-974-0233 Dayume Phone R