


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F25689 1. Entity Name C & C MARBLE, INC.	
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Principal Place of Business 2801 NW 55 COURT BAY #4 FT LAUDERDALE, FL 33309	Mailing Address 2801 NW 55 COURT BAY #4 FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2092341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRIEGO, CELIO F.
2801 NW 55 CT BAY 4
FORT LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARRIEGO, CELIO F. 2801 NW 55TH CT, BAY 4 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIEGO, JOHN P 2801 NW 55TH CT FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE CARRIEGO, CARMEN 2801 NW 55TH CT BAY 4 FT LAUDERDALE, FL 33309
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IN THIS SPACE**

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/15/05 954-739-8288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #