

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # H89243

1. Entity Name
UNIQUE MARBLE, INC.



Principal Place of Business
**780 8 CT
VERO BEACH, FL 32962**

Mailing Address
**780 8 CT
VERO BEACH, FL 32962**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2630787	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAVIS, FRED
780 8 CT
VERO BEACH, FL 32962**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

001000407383
02/08/06-80016-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHAVIS, FRED
STREET ADDRESS	780 8TH CT.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VP
NAME	DIMECH, MANUEL
STREET ADDRESS	780 8 CT
CITY-ST-ZIP	VERO BEACH, FL
TITLE	ST
NAME	STOCKTON, KIMBERLY C
STREET ADDRESS	151 22ND AVE
CITY-ST-ZIP	VERO BEACH, FL 32962

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED CHAVIS

12/30/05 1-888-509-4460

Date

Daytime Phone #