
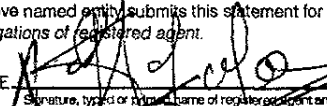
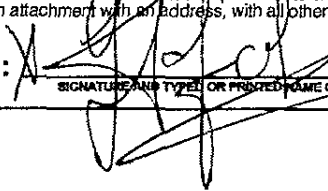


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L54452 1. Entity Name OMEGA MARBLE & GRANITE, INC.																																										
Principal Place of Business 3924 N. JOHN YOUNG PKWY. ORLANDO, FL 32804	Mailing Address 3924 N. JOHN YOUNG PKWY. ORLANDO, FL 32804 US																																									
<h2>DO NOT WRITE IN THIS SPACE</h2>																																										
6. Name and Address of Current Registered Agent PAPALEO, GIUSEPPE 3924 N. JOHN YOUNG PKWY ORLANDO, FL 32804		<h2>DO NOT WRITE IN THIS SPACE</h2>																																								
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:  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11112006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3007064 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>PAPALEO, GIUSEPPE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2816 SHADER RD. (PO BX 952857 LK MARY FL.)</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32804</td> </tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>			TITLE	P	NAME	PAPALEO, GIUSEPPE	STREET ADDRESS	2816 SHADER RD. (PO BX 952857 LK MARY FL.)	CITY-ST-ZIP	ORLANDO, FL 32804	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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:  _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																										



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3007064
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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IN THIS SPACE**

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IN THIS SPACE**

11111111405858
02/07/06-80058-003 150.00

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #