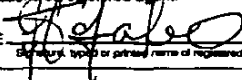


FILED
Apr 06, 2007 8:00 am
Secretary of State

3.

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		03-15-2007 90027 042 ***150.00  03022007No Chg-PCR2E034 (11/05) 4. FEI Number 59-3007064 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent PAPALEO, GIUSEPPE 3924 N. JOHN YOUNG PKWY ORLANDO, FL 32804																																	
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:  DATE: _____ (NOTE: Registered Agent signature required when renewing.)																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">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></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	
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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, without other like empowered. SIGNATURE:  4-4-07 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DateDaytime Phone #																																	