2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # L88438 04-26-2005 90177 028 ***150.00 1. Entity Name NAUTILIUS MARBLE-LITE, INC. Principal Place of Business Mailing Address 14040 S.W. 139 CT. 14040 S.W. 139 CT. MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0203890 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, MARIA D Street Address (P.O. Box Number is Not Acceptable) 8025 SW 26TH ST. MIAMI, FL 33155 City Zip Code FL B. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete Change ☐ Addition TITLE TITLE GONZALEZ, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 8025 SW 26TH ST. CtTY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete TULE ☐ Change ☐ Addition TITLE GONZALEZ, MARIA J NAME NAME 8025 SW 26TH ST. STREET ADDRESS STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY - ST-ZIP Change X Addition TITLE ☐ Delete TITLE DVP NAME NAME MARIA D. GONZALEZ STREET ADDRESS STREET ADDRESS 8025 SW 26TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY+ST-ZIP

12. I hereby certify that the information supplied with this fling 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.

FFICER OR DIRECTOR

SIGNATURE: Ł

FILED