

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90128 001 ***952.50

DOCUMENT # M60601	
1. Entity Name MARBLECROSS CORP.	



Principal Place of Business 1602 ALTON ROAD 100 MIAMI BCH, FL 33139 US	Mailing Address 1602 ALTON ROAD 100 MIAMI BCH, FL 33139 US
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66001535



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01262008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0036243	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EXEX INC. 1602 ALTON ROAD 100 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DELLAVEDOVA, A 1602 ALTON ROAD 100 MIAMI, FL 33139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS PAULSON, M 1602 ALTON ROAD 100 MIAMI BEACH, FL 33139 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROMAN, M. 1602 ALTON ROAD #100 MIAMI BEACH, FL 33139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - T H S SMEJDA, L 1602 ALTON ROAD 100 MIAMI BEACH, FL 33139 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, A 1602 ALTON ROAD 100 MIAMI BEACH, FL 33139 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information submitted 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: **2-11-08** **305-358-4441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #