2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90406 038 ***150.00 DOCUMENT # P00000069729 1. Entity Name D&C MARBLE & GRANITE, INC. 40076042 Principal Place of Business Mailing Address 1650 WEST 31ST PLACE 1650 WEST 31ST PLACE MIAMI, FL 33012 MIAMI, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 65-1026389 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRINGAS CESAR BRINGAS, CESAR Street Address (P.O. Box Number is Not Acceptable) 2750 N:E. 183RD STREET N MIAMI BEACH_FL_33160 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. ALENT RECISTERER SIGNATURE and ble i stracable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BRINGAS CESAR 19431 NE 19 PL. TITLE 52 Delete TITLE T≠ Change ☐ Addition BRINGAS, CESAR NAME NAME STREET ADDRESS 9005 EMERSON AVE. STREET ADDRESS N. MIAHI FL. 33179 SURFSIDE, FL 33154-CITY-ST-ZIP CITY-ST-ZIP TITLE **∑**PDefete TITLE Change Addition 10 NAME VIDAL, MARIA C NAME 9865 EMERSON AVE. STREET ADDRESS STREET ADDRESS N. MIAMI FL 33119 SURESIDE, FL 33154 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TJTI F Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. CGSAR BRINGIS

E OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/17/06

FILED