

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90150 011 ***150.00

DOCUMENT # P0000071690

1. Entry Name
DECO MARBLE VENEZIA CORP.



Principal Place of Business
**1201 NE 191ST STREET
401G
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1201 NE 191ST STREET
401G
NORTH MIAMI BEACH, FL 33179
C/O Lopez Accounting**

2. Principal Place of Business
1435 NE 177 St.

3. Mailing Address
**1800 W. 49 St.
#121**

City & State
No. Miami Beach, FL
Zip
33162
Country
USA

City & State
Hialeah, Florida
Zip
33012
Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1026247 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MARIN, RAQUEL T.
1201 NE 191 STREET APT 401G
NORTH MIAMI BEACH, FL 33179**

7. Name and Address of New Registered Agent
Name **Raquel T. Marin**
Street Address (P.O. Box Number is Not Acceptable)
1435 NE 177 St.
City **No. Miami Beach** FL Zip Code **33162**

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]* **Raquel T. Marin, Pres.** **6-9-03**
NOTE: Registered Agent Signature Required when Making Change

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, RAQUEL T 1201 NE 191ST STREET, STE 401G NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]* **Raquel T. Marin, Pres.** **6/9/03** **305-825-3537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

CR2EC34 (7/0/02)