2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

Feb 29, 2008 8:00 am DOCUMENT # P00000072717 **Secretary of State** 1. Entity Name 02-29-2008 90011 024 ***150.00 FANTASY MARBLE AND GRANITE FABRICATIONS, INC. Principal Place of Business Mailing Address 400 SW 12TH AVENUE SUITE 4A 400 SW 12TH AVENUE SUITE 4A POMPANO BEACH FL 33069-3504 POMPANO BEACH FL 33069-3504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1028442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINERLEY, KENNETH L ESQ Street Address (P.O. Box Number is Not Acceptable) **BLOCH & MINERLEY PL** 980 N FEDERAL HIGHWAY SUITE 412 **BOCA RATON FL 33432** City Zip Code 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 Signature, typed or printed name of registrood indeed and title if applicable. DATE (NOTE Registered Agont signaturn required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE □ Addition MLADIN, IOAN DANIEL NAME NAME 400 SW 12TH AVENUE SUITE 4A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069-3504 CITY-ST-ZIP ☐ Change Addition TITLE Detete TITLE HAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IF Delete ☐ Change ☐ Addition TITLE TITLE NAME NEIX Ter STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **⊠** Delete Change Addition TITLE TITLE DOMINIC NAME NAME STREET ADDRESS STREET ADDRESS Beach CITY-ST-ZIP CITY-ST-ZIP TITLE 🗶 Delete ☐ Change ☐ Addition VENTURH 4WTHON!Y NAME STREET ADDRESS STREET ADDRESS 2501 NE CITY-ST-ZIP 33062 CITY-\$1-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylinie Phone #

FILED