2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092175

Entity Name: MARMIRO STONES, INC.

ARPACILAR, HEIDI

435 N ANDREWS AVENUE STE 2

FORT LAUDERDALE, FL 33301

Name:

Address: City-St-Zip: FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 435 N ANDREWS AVE STE 2 FORT LAUDERDALE, FL 33301 **New Mailing Address: Current Mailing Address:** 435 N ANDREWS AVE STE 2 FORT LAUDERDALE, FL 33301 FEI Number: 65-1049570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARPACILAR, MAHMUT 435 N ANDREWS AVE STE 2 FORT LAUDERDALE, FL 33301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPD () Delete Title: () Change () Addition BEKISOGLU, TURGUT Name: Name: 435 N ANDREWS AVE STE 2 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: PD () Delete Title: () Change () Addition ARPACILAR, MAHMUT Name: Name: 435 N ANDREWS AVENUE STE 2 Address: Address: FORT LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HEIDI ARPACILAR ST 04/07/2009