FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90215 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026085

1. Entity Name
CASA CUSTOM MARBLE, INC.

90104282

Principal Place of Business
~~6800 NW 39TH AVENUE~~
~~COCONUT CREEK, FL 33073~~

Mailing Address
~~6800 NW 39TH AVENUE~~
~~COCONUT CREEK, FL 33073~~

2. Principal Place of Business	3. Mailing Address
6800 NW 39 Ave	6800 NW 39 Ave
Suite, Apt. #, etc. Lot: 474	Suite, Apt. #, etc. Lot: 474
City & State Coconut Creek, FL	City & State Coconut Creek, FL
Zip 33073 Country U.S.A.	Zip 33073 Country U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1083524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, CARLOS MANUEL
~~6800 NW 39TH AVENUE #456~~
~~COCONUT CREEK, FL 33073~~

7. Name and Address of New Registered Agent

Name Carlos Manuel Molina
Street Address (P.O. Box Number is Not Acceptable) 6800 NW 39 Ave Lot: 474
City Miami FL Zip Code 33073

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] (Accountant) 04/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PVTD MOLINA, CARLOS M ~~6800 NW 39TH AVENUE #456~~ ~~COCONUT CREEK, FL 33073~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] (Accountant) 04/22/03 (954) 429-8468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #