## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000034947

1. Entity Name

G & A MARBLE & STONES, INC.



Principal Place of Business

14615 SW 51 ST MIAMI, FL 33175 Mailing Address

14615 SW 51 ST MIAMI, FL 33175

## FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90356 017 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

02282006	No Cng-P	CR2E034 (11/05)			
4. FEI Number				Applied For	
በጓ-በፈጓስ	186			Not Applicab	

5. Certificate of Status Desired 
\$8.75 Additional

6. Name and Address of Current Registered Agent

OQUENDO, GILBERTO 14615 SW 51 ST MIAMI, FL 33175

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Final     Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OQUENDO, GILBERTO 14615 SW 51 ST MIAMI, FL 33175							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLINA, AURORA 13737 S.W. 9 TERRACE MIAMI, FL 33184							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CHY-ST-ZIP								
TITLE		· · · · · · · · · · · · · · · · · · ·	1					
NAME			l					
STREET ADDRESS			ŀ					
CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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 tife 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 attach that my in an address, with all other like empowered.								

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR