

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90094 043 ***150.00

DOCUMENT # P02000036368 1. Entity Name DOCTOR MARBLE, INC.			
Principal Place of Business 257 S CYPRESS ROAD #432 POMPANO BEACH, FL 33060		Mailing Address 257 S CYPRESS ROAD #432 POMPANO BEACH, FL 33060	
2. Principal Place of Business - No P.O. Box # 3820 N.E. 14th Avenue Suite, Apt. #, etc.		3. Mailing Address 3820 NE 14th Avenue Suite, Apt. #, etc.	
City & State Pompano Beach, FL Zip 33064		City & State Pompano Beach, FL Zip 33064	
Country USA		Country USA	
4. FEI Number 73-1634591		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACHADO, SERGIO H 257 S CYPRESS ROAD #432 POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Not Acceptable) 3820 NE 14th Avenue City Pompano Beach FL Zip Code 33064	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVTS MACHADO, SERGIO H 257 S CYPRESS ROAD #432 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, SERGIO H 257 S CYPRESS ROAD #432 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	<input checked="" 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 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 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		01-19-07 Date Daytime Phone #	