

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90148 020 ***150.00

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| DOCUMENT # P02000056023 | | | | | |
| 1. Entity Name EXODUS MARBLE & GRANITE INC. | | | | | |
| Principal Place of Business 9245 SW 2ND STREET BOCA RATON, FL 33428 | | | Mailing Address 9245 SW 2ND STREET BOCA RATON, FL 33428 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 45-0478176 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SILVA, LUIZ WANDER 3147 RIVERSIDE DR #201B CORAL SPRINGS, FL 33065 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL 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 _____ (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 P NAME WANDER LUIZ SILVA STREET ADDRESS 3147 RIVERSIDE DR #201B CITY-ST-ZIP CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | TITLE P NAME WANDER LUIZ SILVA STREET ADDRESS 9245 SW 2ND ST - BOCA RATON CITY-ST-ZIP FLORIDA - 33428 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME LUCIANA VIEIRA SILVA STREET ADDRESS 3147 RIVERSIDE DR #201B CITY-ST-ZIP CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | TITLE VP NAME LUCIANA VIEIRA SILVA STREET ADDRESS 9245 SW 2ND ST BOCA RATON CITY-ST-ZIP FLORIDA - 33428 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | 04/09/2007 (954) 7094431 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |