## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P02000087311** 

1. Entity Name **EXOTIC MARBLE & GRANITE DESIGN CORPORATION** 



**FILED** Jan 09, 2008 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

C/O STELLA BARISON 100 GOLDEN ISLES DR., SUITE #309 HALLANDALE, FL 33009

Mailing Address

C/O STELLA BARISON 100 GOLDEN ISLES DR., SUITE #309 HALLANDALE, FL 33009



## DO NOT WRITE IN THIS SPACE

4.	FEI Number		Applied For
	52-2371112		Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARISON, STELLA 100 GOLDEN ISLES DRIVE **SUITE #309** HALLANDALE, FL 33009

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

01062008

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS			<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARISON, STELLA 100 GOLDEN ISLES DR., #309 HALLANDALE, FL 33009				U00000776401 01/09/08~80023~012 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/09/08-80023-012 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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.								