

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90040 042 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**



DOCUMENT # P02000096998

1. Entity Name
RUBENET MARBLE, INC.

Principal Place of Business Mailing Address
200 SW 69 AVENUE **200 SW 69 AVENUE**
MIAMI, FL 33144 **MIAMI, FL 33144**

44006609



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Additional Fee Required
05-0530176 **\$8.75**

Zip Country Zip Country

5. Certificate of Status Desired Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, RUBEN B
200 SW 69 AVENUE
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers 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 _____
Signature, last name, first and middle initial of registered agent (if the filer is not the registered agent, the filer must sign and print name, title, and address of registered agent.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD VALDES, RUBEN B 200 SW 69 AVENUE MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input 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 exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or subsequent 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 a "other" be empowered.

SIGNATURE: Ruben Barbosa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR