

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90039 041 \*\*\*150.00

**DOCUMENT # P03000010781**

1. Entity Name  
**SIAMO PRESTO MARBLE, INC.**



Principal Place of Business  
**990 BIARRITZ DRIVE #202  
MIAMI BEACH, FL 33141**

Mailing Address  
**990 BIARRITZ DRIVE #202  
MIAMI BEACH, FL 33141**

**40004760**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-4241289**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, LIANA ESQ.  
326 NE 29TH STREET  
MIAMI, FL 33137**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, VLADIMIR 990 BIARRITZ DRIVE #202 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALDERETE, CRISTIAN A 136 NE 46TH STREET #8 MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, GIOVANI 4001 NW 11TH STREET #F3 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

**1/14/05 305-331-7418**