


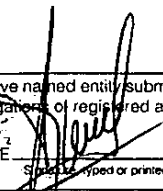
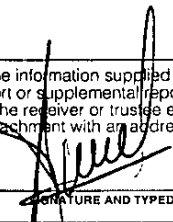
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90046 027 \*\*\*150.00

**50660372**



<b>DOCUMENT # P03000032881</b>			
1. Entity Name MARBLE DESIGN BY LUIS, CORP.			
Principal Place of Business 2316 BAY DR., APT. #7 MIAMI BEACH, FL 33141		Mailing Address 2316 BAY DR., APT. #7 MIAMI BEACH, FL 33141	
2. Principal Place of Business 1919 BAY DRIVE		3. Mailing Address 1919 BAY DRIVE	
Suite, Apt. #, etc. SUITE 72		Suite, Apt. #, etc. SUITE 72	
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA	
Zip 33141	Country	Zip 33141	Country
6. Name and Address of Current Registered Agent  AGUIRRE, LUIS R 2316 BAY DR., APT. #7 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name AGUIRRE, LUIS R Street Address (P.O. Box Number is Not Acceptable) 1919 BAY DRIVE SUITE 72 City MIAMI BEACH FL Zip Code 33141	
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 		LUIS R AGUIRRE 7/20/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIRRE, LUIS R 2316 BAY DR., APT. #7 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1919 BAY DRIVE, SUITE 72 MIAMI BEACH, FLORIDA 33141
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
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
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
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
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 exemption stated in Section 119.07(3)(i), 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: 		LUIS R AGUIRRE 7/20/2005 (305)461-9518 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			