


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90336 024 ***150.00

DOCUMENT # P03000032881

1. Entity Name
 MARBLE DESIGN BY LUIS, CORP.



Principal Place of Business 1919 BAY DRIVE SUITE 72 MIAMI BEACH, FL 33141	Mailing Address 1919 BAY DRIVE SUITE 72 MIAMI BEACH, FL 33141
--	--


2. Principal Place of Business 14525 SW 293 STREET Suite, Apt. #, etc.	3. Mailing Address 14525 SW 293 STREET Suite, Apt. #, etc.
--	--

City & State HOMESTEAD, FL	City & State HOMESTEAD, FL	4. FEI Number 02-0685523	Applied For Not Applicable
Zip 33030	Country	Zip 33030	Country

6. Name and Address of Current Registered Agent

AGUIRRE, LUIS R
 1919 BAY DRIVE
 SUITE 72
 MIAMI BEACH, FL 33141

40072503

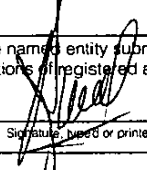


04152006 Chg-P CR2E034 (11/05)

7. Name and Address of New Registered Agent

Name
 AGUIRRE, LUIS R
 Street Address (P.O. Box Number is Not Acceptable)
 14525 SW 293 STREET
 City
 HOMESTEAD FL Zip Code
 33030

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)

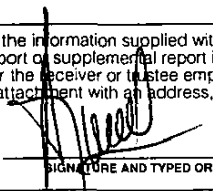
DATE: 4/27/06

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIRRE, LUIS R 1919 BAY DRIVE, SUITE 72 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIRRE, LUIS R 14525 SW 293 STREET HOMESTEAD, FL 33030 <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
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 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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4/27/06