

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053287

FILED
Feb 25, 2009
Secretary of State

Entity Name: PALM BEACH MARBLE IMPORTS, INC.

Current Principal Place of Business:

1401 W 13TH ST
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

15553 68TH CT N
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 04-3758690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLETTI, PAUL J
625 N FLAGLER DR #9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: CASTILLA, CARLOS
Address: 15553 68TH CT N
City-St-Zip: LOXAHATCHEE, FL 33470 PB

Title: VD () Delete
Name: CASTILLA, CARLOS
Address: 15553 68TH CT N
City-St-Zip: LOXAHATCHEE, FL 33470 PB

Title: TD () Delete
Name: CASTILLA, CARLOS
Address: 15553 68TH CT N
City-St-Zip: LOXAHATCHEE, FL 33470 PB

Title: VP () Delete
Name: LOMBARDO, CHRISTINA VP
Address: 119 CASTRIES DRIVE
City-St-Zip: JUPITER, FL 33458 PB

Title: P () Delete
Name: CASTILLA, CARLOS
Address: 15553 68TH CT N
City-St-Zip: LOXAHATCHEE, FL 33470 PB

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LOMBARDO, ROBERTO VP
Address: 119 CASTRIES DRIVE
City-St-Zip: JUPITER, FL 33458 PB

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CASTILLA

TD

02/25/2009

Electronic Signature of Signing Officer or Director

Date