

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000120085

1. Entity Name
MARBLE SILLS INTERNATIONAL, INC.



Principal Place of Business
**12667 82ND LANE NORTH
WEST PALM BEACH, FL 33412**

Mailing Address
**12667 82ND LANE NORTH
WEST PALM BEACH, FL 33412**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0341715

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAGAROLO, NICOLA L ESQ.
3800 NORTHEAST THIRD AVENUE
POMPANO BEACH, FL 33064**

**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 (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE SANTI, FRANK
STREET ADDRESS	12667 82ND LANE NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	VP
NAME	DE SANTI, FRANK
STREET ADDRESS	12667 82ND LANE NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	SEC
NAME	DE SANTI, FRANK
STREET ADDRESS	12667 82ND LANE NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	TRES
NAME	DE SANTI, FRANK
STREET ADDRESS	12667 82ND LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	DIR
NAME	DE SANTI, FRANK
STREET ADDRESS	12667 82ND LANE NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/05-80004-003 150.00

**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 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: *Frank A. De Santi* **FRANK A. DE SANTI**

7-2-05

561 282 8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #