

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 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**

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-P CR2E034 (11/05)

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 charging 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 reselecting)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

1100000454227  
03/18/06-80023-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Frank A. De Santi* **Frank A. De Santi** 3-3-06 561 282 8128