


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90071 024 ***150.00

DOCUMENT # P03000124954

1. Entity Name
GML MARBLE & GRANITE CORP.



Principal Place of Business Mailing Address
3474 W 84 ST BAY # 106 **3474 W 84 ST BAY # 106**
HIALEAH, FL 33018 **HIALEAH, FL 33018**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3468 W 84th street **3468 W 84th street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit #101 **Unit #101**

City & State City & State
Hialeah **Hialeah**
 Zip Country Zip Country
FL **33018** **FL** **33018**

40062333



04102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-0365261 Not Applicable

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

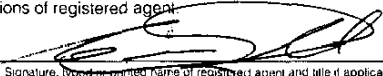
6. Name and Address of Current Registered Agent

GIL, GIOVANNA C
10207 NW 126TH STREET
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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:  DATE: **07.12.07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	GIL, GIOVANNA C	
STREET ADDRESS	3468 W 84 ST UNIT 101	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	IZAGUIRRE, MIHAIL	
STREET ADDRESS	3468 W 84 ST UNIT 101	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GIL, LUIS	
STREET ADDRESS	3468 W 84 ST UNIT 101	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: **04.12.07** DAYTIME PHONE #: **305 826 9179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #