

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139947

FILED
Apr 30, 2008
Secretary of State

Entity Name: CREATIVE MARBLE FLOORING INC.

Current Principal Place of Business:

4697 APPALACHIAN STREET
BOCA RATON, FL 33428

New Principal Place of Business:

4697 APPALACHIAN STREET
BOCA RATON, FL 33428 US

Current Mailing Address:

4697 APPALACHIAN STREET
BOCA RATON, FL 33428

New Mailing Address:

4697 APPALACHIAN STREET
BOCA RATON, FL 33428 US

FEI Number: 20-0428399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE TAX REPRESENTATION, CORP
23150 SANDALFOOT PLAZA DRIVE
SUITE E
BOCA RATON, FL 334286530 US

Name and Address of New Registered Agent:

SILVA, LOURIVAL
4697 APPALACHIAN STREET
BOCA RATON, FL 33428 US

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: LOURIVAL SILVA

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTV () Delete
Name: SILVA, LOURIVAL
Address: 4697 APPALACHIAN STREET
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: SILVA, LOURIVAL
Address: 4697 APPALACHIAN STREET
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTV (X) Change () Addition
Name: SILVA, LOURIVAL
Address: 4697 APPALACHIAN STREET
City-St-Zip: BOCA RATON, FL 33428 US

Title: D (X) Change () Addition
Name: SILVA, LOURIVAL
Address: 4697 APPALACHIAN STREET
City-St-Zip: BOCA RATON, FL 33428 US

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: LOURIVAL SILVA

PSTV

04/30/2008

Electronic Signature of Signing Officer or Director

Date