2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2008 8:00 am Secretary of State

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DOCUMENT # P03000146029 1. Entity Name JOHN MARBLE INSTALLATION, CORP.					!		90003 040 ***150		
Principal Plac	e of Business	Mailing Address			1.				
		-		4	1' '				
950 NE 121	STREET	950 NE 121 STREET							
APT # B	NDV EL 22161	APT # B	101		1	•			
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O Dringing) F	No. of Business No. B.C. Berr#								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3 1,14 - 6 Prairie Fox LANK 3614-6 Prairie Tox Lange Tox La									
301	4-6 Flairie FOXL	ANK SLIY-	MATRI	US LAKE	12				
Suite, Apt.	#, etc.	Suite, Apt. #, etc. ' '			02232008	Chg-P	CR2E034 (12/06)		
									
City & Stat		City state	5		4. FEI Numbe		 - 	plied For	
	CLANDO, TO	Volando	10		51-0490	0301	No	t Applicable	
Zip 32 /	Country			5. Certificate of Status Desired			□ \$8.75 Add	\$8.75 Additional	
34)	12	1 200/1			o. Certificate	or otates besired	Fee Require	d	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
Name TIA						505A			
SOSA, JU	AN E			70	 _				
950 NE 12	1 STREET		Street	Street Address (P.O. Box Alumber is Not Acceptable)					
APT#B	•		-24	<u> </u>	6 Frai	V1 8 70)	· ~pne		
BISCAYNI	E BLVD, FL 33161					·			
	<i>;</i>		City				Zin Cod		
	Mr. A		City	のドム	AWDO		FL 4939	18/2	
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. Lam familiar with, and accept									
the obligations at egistered agent.									
/								i	
SIGNATUS									
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
						· · · · · · · · · · · · · · · · · · ·			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	_ \$5.	.00 May Be			1	
	ay 1, 2008 Fee will be \$550.0	Trust Fund Contril	bution. [☐ Add	ed to Fees			Į.	
10.	OFFICERS AND D		11.				FICERS AND DIRECTORS	5 IN 11	
TITLE	PD	☐ Delete	TITLE	1	DANES	014	Change	Addition	
NAME	SOSA, JUAN E		NAME	2/		Draine 1	MY LANE		
STREET ADDRESS	950 NE 121 STREET, APT B		STREET ADDRES	5 JY	14-61		7		
CITY-ST-ZIP	KEY BISCAYNE, FL 33161		CITY-ST-ZIP	01	(ANDO	12 328	72	Į	
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NAME	SOSA, WILDELIZ B	Delete	NAME	$ \omega $	rdonico	0000	/ J		
STREET ADDRESS	950 NE 121 STREET		STREET ADDRESS	361	4-6 Pro	rivia Pop	LANE	Į	
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CITY 31-ZIF	KEY BISCAYNE, FL 33161		GITT-ST-ZIP	01	101do, 1	0 3277			
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STREET ADDRESS			STREET ADDRESS	,				ļ	
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GII 1-31-2F			CH1-51-ZIF		4				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
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NAME			NAME STREET ADDRESS					1	
STREET ADDRESS			STREET ADDRESS	·					
CITY-ST-ZIP	_		CITY-ST-ZIP						
12. I hereby o	ertify that the information supplied with t	his filing does not qualify for	the exemptions	contained	in Chapter 119	Florida Statutes.	further certify that the in	formation	
of the con	on this report of stoplishing report is to poration or the redever or trustee empoy	rue and accurate and that my vered to execute this report a	r argulature shall s required by C	nave the 9 hapter 607	same regal errect 7, Florida Statutes	s; and that my nam	ne appears in Block 10 or	Block 11 if	
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 reserver 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 attachman with an address, with all other like empowered.									
,	S 18 1				-1/21	a	12.00 22	00	