
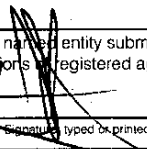
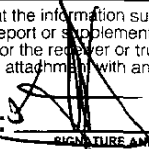


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-09-2008 90003 040 \*\*\*150.00

<b>DOCUMENT # P03000146029</b> 1. Entity Name <b>JOHN MARBLE INSTALLATION, CORP.</b>			
Principal Place of Business <b>950 NE 121 STREET APT # B BISCAYNE PARK, FL 33161</b>		Mailing Address <b>950 NE 121 STREET APT # B BISCAYNE PARK, FL 33161</b>	
2. Principal Place of Business - No P.O. Box # <b>3614-6 Prairie Fox Lane</b>		3. Mailing Address <b>3614-6 Prairie Fox Lane</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ORLANDO, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32812</b>		Zip <b>32812</b>	
Country 		Country 	
4. FEI Number <b>51-0490301</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOSA, JUAN E 950 NE 121 STREET APT # B BISCAYNE BLVD, FL 33161</b>		7. Name and Address of New Registered Agent Name <b>JUAN E SOSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3614-6 Prairie Fox Lane</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32812</b>	
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: 			
(NOTE: Registered Agent signature required when reinstating)			
DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SOSA, JUAN E 950 NE 121 STREET, APT B KEY BISCAYNE, FL 33161</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUAN E SOSA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3614-6 Prairie Fox Lane</b> <b>ORLANDO, FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <b>SOSA, WILDELIZ B 950 NE 121 STREET KEY BISCAYNE, FL 33161</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILDELIZ B SOSA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3614-6 Prairie Fox Lane</b> <b>ORLANDO, FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		Date <b>6/3/08</b> Daytime Phone # <b>(305) 578-3792</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			