

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000021192

1. Entity Name
P & D MARBLE, INC.



Principal Place of Business

1220 WILDWOOD LAKES BLVD. #101
NAPLES, FL 34104

Mailing Address

1220 WILDWOOD LAKES BLVD. #101
NAPLES, FL 34104

2. Principal Place of Business

8225 N.W. 68 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

City & State

Zip

Country

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0495814

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGULO, ANA M
5975 SUNSET DRIVE
SUITE 503
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name SANDRA PICANOL

Street Address (P.O. Box Number is Not Acceptable)

8225 N.W. 68 ST

City Miami

FL Zip Code 33166

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

Sandra Picanol

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PICANOL, SANDRA
STREET ADDRESS 1220 WILDWOOD LAKES BLVD. #101
CITY-ST-ZIP NAPLES, FL 34104

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME SANDRA PICANOL
STREET ADDRESS 8225 N.W. 68 ST
CITY-ST-ZIP Miami, FL 33166

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra Picanol*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90413 019 ***150.00

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