## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # P04000029233  IT IT IS THIS PARTY ON THE & MARBLE, INC.    Principal Pace of Business   Mailing Address   T727 LEES T SUTE 15   HOLLWROOD, F1 33020		AIIIOAE	1121 0111	<del></del> _		$\sim$	ecretai	ry or Sta	เเษ	
1727   LE ST SUITE 15	1. Entity Name							-		
## HOLLYWOOD, FL 33020	Principal Plac	e of Business	Mailing Address			7	3 <b>4</b> 4 4			
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City & State    Applied For	2101 ATCAMIC SHORES BLUD		2101 ATLANTIC SHOPES BLUD		Bevo		<b> </b>	<b>Lui:</b>		
### Addition   Post   P	Suite, Apt. #, etc. / • 7		#109		1	03102006	Chg-P	CR2E034 (11/05)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both,								<del> </del>		
SPECIAL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, P.I. 33145  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 and the I aspitiable.  **PILE NOWIII FEE IS \$150.00  **OFFICERS AND DIRECTORS**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **ITIE **ITIE **ITIE **ITIE **INAME **SIRET ADDRESS** **OFFI-ST-2P** **ITIE **INAME **INAME **INAME **SIRET ADDRESS** **OFFI-ST-2P** **ITIE **INAME **	Zip 3300	9 Country U.S.A	33009	Country . S.	<i>A</i> 5	6. Certificate	of Status Desired			
SPIECEL & UTRERA, P.A. 1840 SW 22ND ST. 41H FLOOR MIAMI, FL 33145    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		7	. Name and	Address of New Re	gistered Agent		
ATH FLOOR MIAMI, FL 33145  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 sm familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, tiped or processored of registered agent.  PURITY REST IN THE POWITH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  DEFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PVST HOLICI, CALIN I STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-										
Eith book named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature injury   Signature   Sig		ND .			distribution (i.e. sox rumbino no not rusopasio)					
B. 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  Signature  Signature  FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  Defete Trust Fund Contribution.  TITLE NAME  SITERI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME  HOLICI, CALINI  TAZY LEE ST STE 15  HOLLYWOOD, FL 33020  Delete Trust  NAME  SITERI ADDRESS  CITY-SI-2P  HOLLYWOOD, FL 33020  Delete Trust  NAME  SITERI ADDRESS  CITY-SI-2P  HOLLYWOOD, FL 33020  Delete Trust  NAME  SITERI ADDRESS  CITY-SI-2P  HOLLYWOOD, FL 33020  Delete Trust  NAME  SITERI ADDRESS  CITY-SI-2P  HOLLYWOOD, FL 33020  Delete Trust  NAME  SITERI ADDRESS  CITY-SI-2P  HOLLYWOOD, FL 33020  TITLE  NAME  SITERI ADDRESS  CITY-SI-2P  HOLLYWOOD, FL 33020  Delete Trust  NAME  SITERI ADDRESS  CITY-SI-2P  TITLE  NAME  SITER	MIAMI, FL	33145								
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After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.		Signature, typed or printed name of registered agent a	ind little if applicable. {NOTE: H	tegistered Agent signatu	nua Lednitec Avue	en reinstating)		DATE		
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		certify that the information/supplied with	this filing does not qualify for t		ontained in	Chapter 119	Florida Statutes. I I	urther certify that the i	nformation	

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. TO THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: