


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90089 012 \*\*\*150.00

<b>DOCUMENT # P04000047305</b> 1. Entity Name <b>NEW CREATION MARBLE &amp; GRANITE CORP.</b>					
Principal Place of Business <b>552 WEST 27 STREET HIALEAH, FL 33010</b>			Mailing Address <b>175 WEST 19TH STREET HIALEAH, FL 33010</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>14601 NW 18th St #30</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Hialeah, Florida</b>  Zip <b>33018</b>		Country <b>USA</b>	
4. FEI Number <b>20-0870929</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MANZANO, ENRIQUE 175 WEST 19TH STREET HIALEAH, FL 33010</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>14601 NW 18th St #30</b> City <b>Hialeah</b> FL Zip Code <b>33018</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZANO, ENRIQUE 175 WEST 19TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENRIQUE MANZANO 14601 NW 18th St #30 Hialeah, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MANZANO, ENRIQUE 175 WEST 19TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ENRIQUE MANZANO 14601 NW 18th St #30 Hialeah, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/09/05** **786-287-545**  
Date Daytime Phone #