

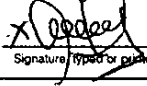
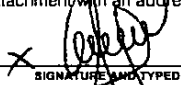


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90014 038 \*\*\*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>14601 NW 185 ST #30 HIALEAH, FL 33018</b>	
2. Principal Place of Business <b>12913 W Okeecho-</b>		3. Mailing Address <b>3022 SW</b>			
Suite, Apt. #, etc. <b>bee Rd 6-4</b>		Suite, Apt. #, etc. <b>200 AVE</b>			
City & State <b>Hialeah</b>		City & State <b>Cape Coral FL</b>			
Zip <b>33010</b>		Country		08172006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-0870929</b>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MANZANO, ENRIQUE 14601 NW 185 ST #30 HIALEAH, FL 33018</b>				7. Name and Address of New Registered Agent Name <b>MANZANO ENRIQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3022 SW 2nd Ave</b> City <b>CAPE CORAL FL</b> Zip Code <b>33914</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 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZANO, ENRIQUE 14601 NW 185 ST #30 HIALEAH, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANZANO, ENRIQUE 14601 NW 185 ST #30 HIALEAH, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZANO ENRIQUE 3022 SW 2nd Ave CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANZANO ENRIQUE 3022 SW 2nd Ave CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANZANO ENRIQUE 3022 SW 2nd Ave CAPE CORAL FL 33914	<input checked="" 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.					
SIGNATURE:  09/02/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					