## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: >

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P04000055633 04-19-2005 90383 022 \*\*\*150.00 DGC MARBLE INSTALLATION, CORP. Principal Place of Business Mailing Address 5804 NW 199 ST 5804 NW 199 ST MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 6975 W 16 AUC 3. Mailing Address 697 W 16 Ave 04112005 CR2E034 (10/03) 326 City & State 4. FEI Number Applied For Not Applicable Country (15 A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, DERVI L Street Address (P.O. Box Number is Not Acceptable) 5804 NW 199 ST MIAMI, FL 33015 16 AUE 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 Signature, Typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition Conzalez Dervil GONZALEZ, DERVI L NAME NAME STREET ADDRESS 5804 NW 199 ST STREET ADDRESS MIAMI, FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP 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 point all other like empowered.

FILED