

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90066 017 \*\*\*150.00

<b>DOCUMENT # P04000093260</b> 1. Entity Name <b>MARBLELOUS INSTALLATION, CORP</b>					
Principal Place of Business <b>9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147 US</b>			Mailing Address <b>9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147 US</b>		
2. Principal Place of Business <b>5714 SIMMS ST</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD FL.</b>		City & State			
Zip <b>33021</b>	Country	Zip	Country		
4. FEI Number <b>20-1257408</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>CARDONA, GUSTAVO D 9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 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 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 CARDONA, GUSTAVO D 9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDONA, GUSTAVO D 5714 SIMMS ST HOLLYWOOD, FL 33021
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					