2005 FOR PROFIT CORPORATION

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

DOCUMENT # P0400093260 1. Entity Name MARBLELOUS INSTALLATION, CORP					03-04-2005 90066 017 ***150.00				
Principal Place of Business 9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147 US		Mailing Address 9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147 US							
9 Delevies III		3. Mailing Address							
2. Principal Place of Business 57 14 51mm5 SI		3. Mailing Address			<u>. </u>	14 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102005	Chg-P	CR2E03	4 (10/03)	
City & State HOLYWOOD FL.		City & State			4. FEI Number 20-12	57408		_ _	plied For Applicable
Zip Country		Zip Count			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
330	6. Name and Address of Current F	legistered Agent		7. Name and A	ddress of New Re	·		u	
CARDONA, GUSTAVO D				Name					
9805 NW LITTLE RIVER DRIVE MIAMI, FL 33147			St	Street Address (P.O. Box Number is Not Acceptable)					
(MIZANI, 1 L 00147									
				ity			FL	Zip Code	
8. The above named entity submittening 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 X DAY OF THE STATE OF									
Signature, typed of printed harms of refistered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the control of the c									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10	P OFFICERS AND E	DIRECTORS Delete	11.	I P	ADDITIONS/C	HANGES TO OFFIC		DIRECTORS Change	Addition
NAME STREET ADDRESS	CARDONA, GUSTAVO D 9805 NW LITTLE RIVER DRIVE	El belote	NAME STREET ADI			GUSTAVI MS ST	0 D	_ •	
CITY-ST-ZIP TITLE	MIAMI, FL 33147	☐ Delete	CITY-ST-Z	HOL	LLYWOO	O, FL 3		Change	☐ Addition
NAME STREET ADDRESS		Li Delete	name Street add	1				onengo	
CITY-ST-ZIP		☐ Delete	CITY-ST-Z	1P				☐ Change	☐ Addition
NAME STREET ADDRESS	-	La Delete	TITLE NAME STREET ADD	Į.		•		T. cheude	☐ Addition
CITY-ST-ZIP			CITY-ST-Z	IP .		A LEWIS LA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	FITLE NAME STREET ADI CITY-ST-Z					Change	☐ Addition
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADI CITY-ST-Z	_1	<u>.</u> .				
TITLE	<u>.</u>	☐ Delete	TITLE	-			1	Сћалде	Addition
NAME STREET ADDRESS CITY-ST-ZIP		:	"NAME STREET ADI CITY-ST-Z						
12. I hereby certify that the information supplied with this filling 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 trusted 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.									

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #