


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90200 002 ***150.00

DOCUMENT # P04000107175 1. Entity Name ZACHEY DESIGN MARBLE, INC.					
Principal Place of Business 1649 MOFFETT ST #4 HOLLYWOOD, FL 33020				Mailing Address 1649 MOFFETT ST #4 HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address P.O. Box 221854			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hollywood, FL			
Zip 33022	Country U.S.A	4. FEI Number 56-2472367		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04152006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MARGINEAN, DUMITRU 1649 MOFFETT ST #4 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARGINEAN, DUMITRU 1649 MOFFETT ST #4 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARGINEAN, Dumitru P.O. Box 221854 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARGINEAN, Dumitru P.O. Box 221854 Hollywood, FL 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARGINEAN, Dumitru P.O. Box 221854 Hollywood, FL 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARGINEAN, Dumitru P.O. Box 221854 Hollywood, FL 33020	<input 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: _____ 04/15/06 954-367-6261 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					