

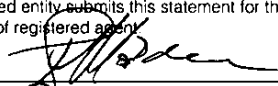
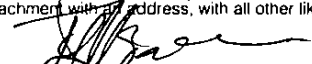


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 037 ***150.00

DOCUMENT # P04000107175 1. Entity Name ZACHEY DESIGN MARBLE, INC.					
Principal Place of Business 1649 MOFFETT ST #4 HOLLYWOOD, FL 33020			Mailing Address POB 221854 HOLLYWOOD, FL 33022		
2. Principal Place of Business - No P.O. Box # 2265 NOVA VILLAGE DR		3. Mailing Address 2265 NOVA VILLAGE DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03232007 Chg-P CR2E034 (12/06)	
City & State DAVIE, FL		City & State DAVIE, FL		4. FEI Number 56-2472367	
Zip 33317		Zip 33317		Country U.S.A	
Country U.S.A		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 MARGINEAN, DUMITRU Street Address (P.O. Box Number is Not Acceptable) 2265 NOVA VILLAGE DR City DAVIE FL Zip Code 33317	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> MARGINEAN, DUMITRU </div> <div style="width: 30%; text-align: right;"> 03/23/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 POB 221854 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARGINEAN, DUMITRU 2265 NOVA VILLAGE DR DAVIE, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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:  DUMITRU MARGINEAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> PRESIDENT </div> <div style="width: 30%; text-align: right;"> 03/23/07 <small>Date</small> </div> <div style="width: 30%; text-align: right;"> 7543676261 <small>Daytime Phone #</small> </div> </div>					