

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90101 019 \*\*\*150.00

<b>DOCUMENT # P04000166373</b> 1. Entity Name <b>J.A.M. MARBLE DESIGNER, INC</b>					
Principal Place of Business <b>3831 SW 160 AVE</b> <b>206</b> <b>MIRAMAR, FL 33027</b>			Mailing Address <b>3831 SW 160 AVE</b> <b>206</b> <b>MIRAMAR, FL 33027</b>		
2. Principal Place of Business - No P.O. Box # <b>3199 W 81 ST</b> Suite, Apt. #, etc. <b>HIALOMH, FL</b>		3. Mailing Address  Suite, Apt. #, etc.  			
City & State <b>33018</b>		City & State  		4. FEI Number <b>20-1990847</b>	
Zip <b>MIAMI-DADE</b>		Zip  		Country  	
6. Name and Address of Current Registered Agent <b>MUNOZ, JORGE A</b> <b>3831 SW 160 AVE</b> <b>206</b> <b>MIRAMAR, FL 33027</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>3199 W 81 ST</b>  City <b>HIALOMH</b> <b>FL</b> Zip Code <b>33018</b>	
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 <b>03/08/07</b> <small>Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>MUNOZ, JORGE A</b> STREET ADDRESS <b>3831 SW 160 AVE</b> CITY-ST-ZIP <b>MIRAMAR, FL 33027</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS <b>3199 W 81 ST</b> CITY-ST-ZIP <b>HIALOMH, FL 33018</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>ALFARO, HELEN S.</b> STREET ADDRESS <b>3199 W 81 ST</b> CITY-ST-ZIP <b>HIALOMH, FL 33018</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		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: 			Date <b>03/08/07</b> Daytime Phone # <b>305-557-1913</b>		