


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90075 026 \*\*\*150.00

<b>DOCUMENT # P05000001995</b>	
1. Entity Name <b>ALFA MARBLE RESTORATION INC.</b>	

Principal Place of Business <b>3474 BRIAR BAY BLVD. U 106 WEST PALM BEACH, FL 33411</b>	Mailing Address <b>3474 BRIAR BAY BLVD. UNIT 106 WEST PALM BEACH, FL 33411</b>
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**40052601**



2. Principal Place of Business <b>6628 Duval Ave.</b>	3. Mailing Address <b>6628 DUVAL Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State <b>West Palm Bch FL</b>	City & State <b>West Palm Beach FL</b>
Zip <b>33411</b>	Zip <b>33411</b>
Country <b>Palm Bch</b>	Country <b>Palm Beach</b>

4. FEI Number <b>20-2107251</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MURCIA, GERMAN A 3474 BRIAR BAY BLVD. UNIT 106 WEST PALM BEACH, FL 33411</b>	
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7. Name and Address of New Registered Agent Name <b>Murcia, German</b> Street Address (P.O. Box Number is Not Acceptable) <b>6628 DUVAL Ave</b> City <b>West Palm Beach</b> FL Zip Code <b>33411</b>	
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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 <b>MURCIA, GERMAN A</b> DATE <b>3/22/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MURCIA, GERMAN A 3474 BRIAR BAY BLVD. UNIT 106 WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MURCIA, GERMAN A 6628 DUVAL AVE. WEST PALM BEACH FL 33411</b>	<input checked="" type="checkbox"/> Change <input 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
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
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: <b>MURCIA, GERMAN A</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/22/06</b> Daytime Phone # <b>561-685-3249</b>