

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000016536

1. Entity Name  
FROMETA'S MARBLE CORP



Principal Place of Business  
10000 NW 80TH CT  
2108  
HIALEAH GARDENS, FL 33016

Mailing Address  
10000 NW 80TH CT  
2108  
HIALEAH GARDENS, FL 33016

2. Principal Place of Business - No P.O. Box #  
10090 NW 80th Ct

Suite, Apt. #, etc.  
Apt. # 1153

City & State  
Hialeah Gardens

Zip 33016 Country USA

3. Mailing Address  
Same as Above

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FROMETA LAMBERT, DAVID  
10000 NW 80CT  
2108  
HIALEAH GARDENS, FL 33016

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: *Dave Frometa*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *3/20/07*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME FROMETA LAMBERT, DAVID  
STREET ADDRESS 10000 NW 80TH CT #2108  
CITY-ST-ZIP HIALEAH GARDENS, FL 33016

TITLE P  Change  Addition  
NAME Frometa Lambert, David  
STREET ADDRESS 10090 NW 80th Ct # 1153  
CITY-ST-ZIP Hialeah Gardens FL 33016

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  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: *Dave Frometa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 x 305 820 4231  
Date Daytime Phone #

FILED  
Apr 25, 2007 8:00 am  
Secretary of State

04-25-2007 90203 029 \*\*\*150.00

40081790



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2266499	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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