
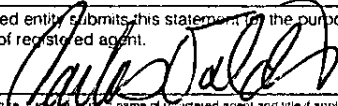
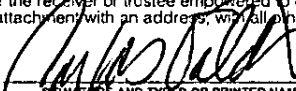


**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # P05000029013</b>		<b>Secretary of State</b> 04-18-2007 90165 036 ***150.00	
1. Entity Name <b>EXCLUSIVE MARBLE &amp; STONE, INC.</b>			
Principal Place of Business <b>15808 SW 85 ST MIAMI, FL 33193</b>		Mailing Address <b>15808 SW 85 ST MIAMI, FL 33193</b>	
2. Principal Place of Business - No P.O. Box # <b>15854 SW 82 ST</b>		3. Mailing Address <b>280 Cross Key RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami - FL</b>		City & State <b>Reidsville, NC</b>	
Zip <b>33193</b>	Country <b>USA</b>	Zip <b>27320</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>VALDES, CARLOS 15808 SW 85 ST MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> 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: <b>4-16-07</b> <small>Signature, print or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VALDES, CARLOS 15808 SW 85 ST MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>4-16-07</b> 365-227-2384 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			