2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038369

Entity Name: ARCHIMARBLE, INC.

FILED May 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7125 NW 186 ST - # 310 B 6500 W 20 AVENUE HIALEAH, FL 330153012 BAY 7

BAY 7 HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

7125 NW 186 ST - # 310 B 6500 W 20 AVENUE HIALEAH, FL 330153012 BAY 7

HIALEAH, FL 33016

FEI Number: 65-1245351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAST, LOUIS F 4805 NW 79 AVE # 9 DORAL, FL 33166 US

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.

SIGNATURE: Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition Name: MENDEZ, CAMILO A Name: MENDEZ, CAMILO A

 Name:
 MENDE∠, CAMILO A
 Name:
 MENDE∠, CAMILO A

 Address:
 7125 NW 186 ST - # 310 B
 Address:
 6500 W 20 AVENUE BAY 7

 City-St-Zip:
 HIALEAH, FL 330153012
 City-St-Zip:
 HIALEAH, FL 33016

Name: MENDEZ, CAMILO A Name: BULA, INGRID

 Address:
 7125 NW 186 ST - # 310 B
 Address:
 6500 W 20 AVENUE BAY 7

 City-St-Zip:
 HIALEAH, FL 330153012
 City-St-Zip:
 HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILO MENDEZ P 05/11/2006