


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 27 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000039452	
1. Entity Name TOP FLITE MARBLE & GRANITE CORP.	

Principal Place of Business 8140 BELVEDERE RD WEST PALM BEACH, FL 33411	Mailing Address 8140 BELVEDERE RD WEST PALM BEACH, FL 33411
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2. Principal Place of Business 3707 INTERSTATE PARK RD. SO Suite, Apt. #, etc. UNIT E City & State RIVIERA BEACH, FL. Zip 33404 Country U.S.A	3. Mailing Address 3707 INTERSTATE PARK RD. SO. Suite, Apt. #, etc. UNIT E City & State RIVIERA BEACH, FLORIDA Zip 33404 Country U.S.A
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10252006 REIN-P CR2E098 (11/05)

4. FEI Number 03-0557538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSUEGRA, JOEL 715 FERNWOOD DR WEST PALM BEACH, FL 33405	
7. Name and Address of New Registered Agent 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSUEGRA, JOEL 715 FERNWOOD DR WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081304441 10/27/06--01058--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSUEGRA, ELIO M 405 RICH DR WEST PALM BEACH, FL 33406 <input checked="" 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	D SANCHEZ, ORLANDO 715 FERNWOOD DR WEST PALM BEACH, FL 33405 <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

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: Joel Consuegra JOEL CONSUEGRA 10/25/06 (56) 842-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #