2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

SIGNATURE AND TYPE

Jan 17, 2006 8:00 am Secretary of State DOCUMENT # P05000040363 01-17-2006 90247 043 ***150.00 PRESTIGE MARBLE & GRANITE PLUS, INC. Mailing Address Principal Place of Business 10505 NORTH HAMNER AVENUE 10505 NORTH HAMNER AVENUE TAMPA, FL 33612 TAMPA, FL 33612 01102006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Numbe Not Applicable \$8.75 Additional BO LOUS **336** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEDRO (ADAVICCO OHALL, CARL J JR. Street Address (P.O. Box Number is Not Acceptable) 309 WEST MARTIN LUTHER KING BLVD. TAMPA, FL 33603 LANDING ろをノス 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. ADAYIECO 01-10-2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CADAVIECO, PEDRO NAME 10505 NORTH HAMNER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE TAMPA, FL 33612 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE MARTINEZ, CARLOS NAME NAME 10505 NORTH HAMNER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 33612 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTINEZ, CARLOS NAME NAME 10505 NORTH HAMNER AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change CADAVIECO, PEDRO NAME NAME 10505 NORTH HAMNER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33612 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 logal 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. (83) 846-5771

FILED