

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90040 015 \*\*\*150.00

<b>DOCUMENT # P05000086276</b> 1. Entity Name <b>PALACIOS MARBLE, INC.</b>					
Principal Place of Business <b>5541 SW 11TH STREET APT. F MARGATE, FL 33068</b>			Mailing Address <b>5541 SW 11TH STREET APT. F MARGATE, FL 33068</b>		
2. Principal Place of Business, No. P.O. Box # <b>5581 SW 8th Pl.</b>		3. Mailing Address <b>5581 SW 8th Pl.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Margate, FL</b>		City & State <b>Margate</b>		4. FEI Number <b>20-3013643</b>	
Zip <b>33068</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PALACIOS, ELI M 5541 SW 11TH STREET APT. F MARGATE, FL 33068</b>				7. Name and Address of New Registered Agent Name <b>Palacios, Eli</b> Street Address (P.O. Box Number is Not Acceptable) <b>5581 SW 8th Pl.</b> City <b>Margate</b> State <b>FL</b> Zip <b>33068</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PALACIOS, ELI M 5541 SW 11TH STREET MARGATE, FL 33068</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Palacios, Eli 5541 SW 11th St Margate FL 33068</b> <input checked="" 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	
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 info empowered.					
<b>SIGNATURE:</b> _____ <b>President. 4/16/07</b> <b>658-8834.</b>					
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					