

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90001 023 \*\*\*158.75

DOCUMENT # P05000107784					
1. Entity Name RICKY MARBLE, INC					
Principal Place of Business 6045 DAWSON ST HOLLYWOOD, FL 33023			Mailing Address 1501 SW. 85 AVE. HOLLYWOOD, FL 33025		
2. Principal Place of Business		3. Mailing Address 6045 DAWSON ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HOLLYWOOD, FL		4. FEI Number 20-3308189	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33023		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PLEITES, EFRAIN 6045 DAWSON ST. HOLLYWOOD, FL 33023			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 				DATE 01/24/06	
SIGNATURE, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLEITES, EFRAIN		NAME		
STREET ADDRESS	6045 DAWSON ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CIMEON PLEITES	
STREET ADDRESS			STREET ADDRESS	6045 DAWSON ST.	
CITY-ST-ZIP			CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 01/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	