

2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT


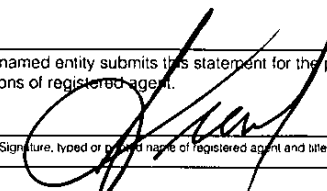
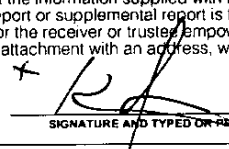
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06 NOV 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000142449			
1. Entity Name MARBLE EXPERTS, INC			
Principal Place of Business 5002 NW 179TH TERRACE CAROL CITY, FL 33055		Mailing Address 5002 NW 179TH TERRACE CAROL CITY, FL 33055	
2. Principal Place of Business 1321 N.W. 155 TERR Suite, Apt. #, etc.		3. Mailing Address 1321 N.W. 155 TERR. Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33169	Country	Zip 33169	Country
4. FEI Number 56-2536982		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 TILLIT, CARMIN 445 NE 195TH STREET APT. # 128 NORTH MIAMI, FL 33179		7. Name and Address of New Registered Agent Name: Pedro Paredes Street Address (P.O. Box Number is Not Acceptable) 9221 CRESCENT DR. City: MIAMI FL Zip Code: 33025	
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: 11/13/06	
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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, KENNY 5002 NW 179TH TERRACE CAROL CITY, FL 33055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, KENNY 1321 N.W. 155 TERR. MIAMI, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OLAYA, HECTOR I 5002 NW 179TH TERRACE CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000081873610 11/16/06--01071--004 ***150.00 <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: 		DATE: 11/13/06 DAYTIME PHONE: (786) 439-8871	