

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90342 010 ***150.00

DOCUMENT # P05000148179 1. Entity Name CONSTANTINO MARBLE ENTERPRISE INC			
Principal Place of Business 7960 PRESERVE CR 614 NAPLES, FL 34119		Mailing Address 7960 PRESERVE CR 614 NAPLES, FL 34119	
2. Principal Place of Business 28165 Goby Trl Suite, Apt. #, etc.		3. Mailing Address 28165 Goby Trl Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs FL	
Zip 34135 Country US		Zip 34135 Country US	
4. FEI Number 20-4062205		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired AAA		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERDES, KATHY V 7960 PRESERVE CR 614 NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28165 Goby Trl Bonita Springs FL 34135	
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 reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	P VERDES, KATHY V 7960 PRESERVE CR 614 NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Verdes, Kathy V 28165 Goby Trl Bonita Springs, FL, 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERDES, CONSTANTIN 7960 PRESERVE CR 614 NAPLES, FL 34119	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Verdes, Constantin 28165 Goby Trl Bonita Springs FL, 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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: Kathy Verdes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/27/06 Daytime Phone # 239-406-4659	