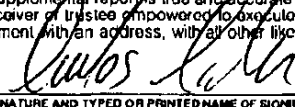


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-24-2007 90002 035 ***150.00

DOCUMENT # P06000006626 1. Entity Name GARDENS STONE & MARBLE, INC.					
Principal Place of Business 15908 75TH AVE PALM BEACH GARDENS FL 33418				Mailing Address 15908 75TH AVE PALM BEACH GARDENS FL 33418	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0765657	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, CARLOS 15908 75TH AVE PALM BEACH GARDENS FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D ☐ Delete NAME: CABRERA, CARLOS STREET ADDRESS: 15908 75TH AVE CITY- ST- ZIP: PALM BEACH GARDENS FL 33418				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY- ST- ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY- ST- ZIP:	
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY- ST- ZIP:				TITLE: ☐ Change ☐ Addition 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 Section 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:  5/1/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					