## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000089746

Name:

Address:

City-St-Zip:

FILED Jun 01, 2007 Secretary of State

Entity Name: JML MARBLE & GRANITE CORP **Current Principal Place of Business: New Principal Place of Business:** 3340 FAIRLANE FARMS ROAD SUITE 11 WELLINGTON, FL 33414 **New Mailing Address: Current Mailing Address:** 3340 FAIRLANE FARMS ROAD SUITE 11 WELLINGTON, FL 33414 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZAGA, LUIZ 3340 FAIRLANE FARMS ROAD SUITE 11 WELLINGTON, FL 33414 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition Name: GONZAGA, LUIZ Name: GONZAGA, LUIZ C 16 CROSSING LANE, APT B 16 CROSSING LANE, APT B Address: Address: City-St-Zip: BOYNTON BEACH, FL 33415 City-St-Zip: BOYNTON BEACH, FL 33415 Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: ARTHUSO, JADER M Name: CYRLENE, PEREIRA MODICA 818 ILENE ROAD EAST 820 BLUE RIDGE CIRCLE Address: Address: WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HALLISON, CARVALHO

820 BLUE RIDGE CIRCLE

WEST PALM BEACH, FL 33409

SIGNATURE: LUIZ CARLOS GONZAGA P 06/01/2007